RULES

OF

TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES SOCIAL SERVICES DIVISION

CHAPTER 0250-07-13 ADOPTION PROCESS FORMS

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				of Children's Services for Adoption of a
				Child

0250-07-13-.01 PURPOSE, SCOPE AND FORMAT OF RULES.

- (1) These rules establish the mandatory forms promulgated by the Department of Children's Services pursuant to Executive Order #6, January 12, 1996 and Public Chapter 532 (1995), required: for use in obtaining medical social/histories of children being surrendered; for surrenders of children for adoption in Tennessee Courts or in another State or Territory or a foreign country or by an inmate of State or Federal correctional facility; for the use of parental consents to the adoption of children utilized in adoption petitions in Tennessee; for revocation of surrenders and parental consents; for vetoes of contact in the future by the adopted person with the surrendering person or others; for payment and fee disclosure requirements; for certification of social and legal counseling which may be requested by the surrendering or consenting parent or legal guardian; for consents for adoption by minors fourteen (14) years of age and by guardians ad litem of such minors and disabled adults; and for releases of information for updated medical information. These forms may be modified by the Department of Children's Services in these matters, pursuant to further Executive Orders or legislation.
- (2) The forms established by these rules are mandatory for use by the courts, the clerks, attorneys, prospective adoptive parents, state and private agencies and other persons or entities who may be involved in the adoption process; provided, however, that surrenders by a

person residing in another state or territory of the United States and in conformity with the laws of another state or territory shall be accepted in Tennessee.

- (3) These forms may be reproduced in any page length or type size or style for use by any persons or entities who may need to use them, but must contain, without alteration, the language which is contained in the forms, except where otherwise noted in these rules or on the form itself.
- (4) (a) Copies of the forms necessary for use in the adoption process may be obtained from the Clerks of Courts in Tennessee which have authority pursuant to T.C.A. § 36-1-111 to accept surrenders, from the local county office of the Department of Children's Services in these matters, the Regional Offices of the Department's Legal Staff, or the Central Office Adoption Services office in the Cordell Hull Building, 8th Floor, 436 6th Avenue North, Nashville, TN. 37243-1290, (615) 532-5637. Copies will also be supplied to licensed child-placing agencies in Tennessee.
 - (b) Copies of the entire set of forms may be obtained on diskette in Microsoft Word from the Central Office by submitting two (2) formatted disks to this address with a selfaddressed, postage paid return envelope suitable for mailing diskettes, or by requesting full copies from the above address. A charge will be made for providing a full set of hard copies from the Central Office.

Authority: T.C.A. §§ 4-5-201, et seq., 36-1-101 et seq., Public Chapter 532 (1995), and Executive Order #6, January 12, 1996. **Administrative History:** Original rule filed September 7, 2001; effective November 21, 2001.

0250-07-13-.02 MEDICAL/SOCIAL HISTORY OF CHILD'S FAMILY FORM.

- (1) This form must be completed pursuant to T.C.A § 36-1-111(k)(1) under oath before the judge or other person authorized to conduct the surrender proceeding or at the judge's or person's direction, the clerk or an employee of the court or person conducting the surrender, prior to the execution of the surrender of a child or prior to the confirmation of the parental consent pursuant to T.C.A. § 36-1-117(g).
- (2) The completed form shall be kept in a separate file designated for the purpose of maintaining the form until it is forwarded to the court where the adoption petition is filed. The information contained in the form shall be confidential and shall not be disclosed to any other person without the written approval of the court; provided, however, a copy of the information with all identifying information deleted shall be furnished to the adoptive parent(s) or their attorney.
- (3) Form:

MEDICAL/SOCIAL HISTORY FOR CHILD AND CHILD'S FAMILY TENNESSEE CODE ANNOTATED, § 36-1-111(k)

This form must be completed under oath <u>prior</u> to execution of the surrender, or prior to confirmation of the parental consent. T.C.A. § 36-1-111(k).

When being completed by both the birth mother and birth father, a form is required to be completed by each parent.

When one birth parent is completing this form, information about the other birth parent should be completed when that parent is unavailable or refuses to complete the form for her/himself.

The legal parents or legal guardians who are not the birth parents of the child should complete information known to them about the birth parents.

This form shall be kept by the court in a separate file designated for that purpose until it is forwarded to the court when the adoption petition is filed. The Medical/Social History for Child and Child's Family shall be confidential and shall not be inspected by any person without the written approval of the court.

A copy of this form, with all identifying information deleted shall be given to the prospective adoptive parents or their attorney. T.C.A. § 36-111(k)(1).

$\underline{\text{NOTE}} \colon$ This form may be the modified form.	modified for use o	utside the S	tate of Tennessee as	long as the in	nformation requested is p	rovided ir
STATE OF TENNESSEE OR C	THER LOCATION OR OTHER CITY	(OR PROVII	NCE ())		
Being duly sworn acc	ording to law, affia	nt would sta	te:			
The following information is true	and correct to the	best of my	knowledge:			
PERSON COMPLETING THIS () BIRTH () LEGAL MOTHER'S () BIRTH () LEGAL FATHER'S GUARDIAN(S) NAME: ADDRESS: STREET/RURAL HOME TELEPHONE NO. BIRTH MOTHER'S RACE BIRTH FATHER'S RACE BIRTH FATHER'S SOCIAL SE DRIVER'S LICENSE BIRTH FATHER'S SOCIAL SE DRIVER'S LICENSE CHILD'S NAME (To indicate race, ple HI (Hispanic) or other (specify) example a child who is African and the second of	ROUTE/P.O. BOX WORK TELE NATION NATION CURITY # CURITY # American and Cauch AGE IS INDICATED LOCAT O() ELIGIBLE TO	B. SE A (African A Casian herita D, PLEASE ION: BE, BUT N BE, BUT N	CITY/TOWN ST O EX RACE American), AI (Americ To indicate a mixed r age, write in "AACA." SPECIFY: HOT REGISTERED (- an Indian), A acial heritage))	S (Asian), CA (Caucasiar , write in more than one	ı), code, fo
NAME OF SPOUSE (INCLUDE MAIDEN NAME)	DATE OF MARRIAGE		ATE MARRIAGE RED	COUNTY	OF LICENSE	
	ATE AND TYPE	YPE DISSO	CITY/STATE OF DI	,	COURT	」 ᄀ
O D	SSOLUTIONMEN	т	DECREE			
						-

IF MARRIAGE ENDED WITH THE DEATH OF A SPOUSE, PLEASE COMPLETE THE FOLLOWING INFORMATION:				
NAME OF SPOUSE	DATE OF DEATH	CITY/COUNTY/STATE WHERE DEATH OCCURRED		
BACKGROUND INFORMATION FOR _		OF CHILD)	_	
INFORMATION	CHILD'S BIRTH MO	OTHER	CHILD'S BIRTH FATHER	
FULL LEGAL NAME				
ADDRESS				
STREET/RR/P.O. BOX CITY/TOWN/STATE/ZIP				
DATE OF BIRTH				
RACE/ETHNICITY				
HAIR COLOR				
EYE COLOR				
SKIN COLOR				
WEIGHT				
HEIGHT				
EDUCATION (HIGHEST				
GRADE COMPLETED,				
VOCATIONAL/ASSOC.				
COLLEGE DEGREES)				
PRESENT OCCUPATION:				
NAME/ADDRESS OF EMPLOYER				
MILITARY SERVICE:				
BRANCH OF SERVICE				
YEARS SERVED				
DATE OF DISCHARGE				
TYPE OF DISCHARGE				
RANK				
SPECIAL CHARACTERISTICS				
HODDIES INTERESTS				
HOBBIES, INTERESTS AND TALENTS				
PERSONALITY				
RELIGION				
GENERAL HEALTH/HISTORY				
IF DECEASED CAUSE OF				
DEATH				
BACKGROUND INFORMATION FOR _				
	(NAME	OF CHILD)		
INFORMATION	BIRTH MOTHER'S	MOTHER	BIRTH MOTHER'S FATHER	
FULL LEGAL NAME	DIKTH WUTHER 3	WOTHER	BIRTH WOTHER STATHER	
ADDRESS				
STREET/RR/P.O. BOX				
CITY/TOWN/STATE/ZIP				
DATE OF BIRTH				
RACE/ETHNICITY				
HAIR COLOR				
EYE COLOR				

SKIN COLOR		
WEIGHT		
HEIGHT		
EDUCATION (HIGHEST		
GRADE COMPLETED,		
VOCATIONAL/ASSOC.		
COLLEGE DEGREES)		
TYPE EMPLOYMENT		
MILITARY SERVICE:		
BRANCH OF SERVICE		
YEARS SERVED		
DATE OF DISCHARGE		
TYPE OF DISCHARGE		
RANK		
SPECIAL CHARACTERISTICS		
HOBBIES, INTERESTS		
AND TALENTS		
PERSONALITY		
RELIGION		
GENERAL HEALTH/HISTORY		
IF DECEASED CAUSE OF		
DEATH	V50 NO	V50 NO
AWARE OF PLAN FOR	YES NO	YES NO
ADOPTIVE PLACEMENT		

BACKGROUND INFORMATION FOR _	
	(NAME OF CHILD)

INFORMATION	BIRTH FATHER'S MOTHER	BIRTH FATHER'S FATHER
FULL LEGAL NAME	BIRTH ATTIER S MOTTIER	BIRTHAMERSTAMER
ADDRESS		
STREET/RR/P.O. BOX		
CITY/TOWN/STATE/ZIP		
DATE OF BIRTH		
RACE/ETHNICITY		
HAIR COLOR		
EYE COLOR		
SKIN COLOR		
WEIGHT		
HEIGHT		
EDUCATION (HIGHEST		
GRADE COMPLETED,		
VOCATIONAL/ASSOC.		
COLLEGE DEGREES)		
TYPE EMPLOYMENT		
MILITARY SERVICE:		
BRANCH OF SERVICE		
YEARS SERVED		
DATE OF DISCHARGE		
TYPE OF DISCHARGE		
RANK		
SPECIAL CHARACTERISTICS		
HOBBIES, INTERESTS		
AND TALENTS		
PERSONALITY		
RELIGION		
GENERAL HEALTH/HISTORY		

IF DECEASED CAUSE OF DEATH		
AWARE OF PLAN FOR ADOPTIVE PLACEMENT	YES NO	YES NO

BACKGROUND INFORMATION FOR _	
	(NAME OF CHILD)

INFORMATION	BIRTH MOTHER'S MATERNAL	BIRTH MOTHER'S MATERNAL
	GRANDMOTHER	GRANDFATHER
FULL LEGAL NAME		
ADDRESS		
STREET/RR/P.O. BOX		
CITY/TOWN/STATE/ZIP		
DATE OF BIRTH		
RACE/ETHNICITY		
HAIR COLOR		
EYE COLOR		
SKIN COLOR		
WEIGHT		
HEIGHT		
EDUCATION (HIGHEST		
GRADE COMPLETED,		
VOCATIONAL/ASSOC.		
COLLEGE DEGREES)		
TYPE EMPLOYMENT		
MILITARY SERVICE:		
BRANCH OF SERVICE		
YEARS SERVED		
DATE OF DISCHARGE		
TYPE OF DISCHARGE		
RANK		
SPECIAL CHARACTERISTICS		
HOBBIES, INTERESTS		
AND TALENTS		
PERSONALITY		
RELIGION		
GENERAL HEALTH/HISTORY		
IF DECEASED CAUSE OF		
DEATH		
AWARE OF PLAN FOR	YES NO	YES NO
ADOPTIVE PLACEMENT		

BACKGROUND INFORMATION FOR _	
	(NAME OF CHILD)

INFORMATION	BIRTH FATHER'S MATERNAL GRANDMOTHER	BIRTH FATHER'S MATERNAL GRANDFATHER
FULL LEGAL NAME		
ADDRESS STREET/RR/P.O. BOX CITY/TOWN/STATE/ZIP		
DATE OF BIRTH		
RACE/ETHNICITY		

i—————————————————————————————————————		·
HAIR COLOR		
EYE COLOR		
SKIN COLOR		
WEIGHT		
HEIGHT		
EDUCATION (HIGHEST		
GRADE COMPLETED,		
VOCATIONAL/ASSOC.		
COLLEGE DEGREES)		
TYPE EMPLOYMENT		
MILITARY SERVICE:		
BRANCH OF SERVICE		
YEARS SERVED		
DATE OF DISCHARGE		
TYPE OF DISCHARGE		
RANK		
SPECIAL CHARACTERISTICS		
HOBBIES, INTERESTS		
AND TALENTS		
PERSONALITY		
RELIGION		
GENERAL HEALTH/HISTORY		
IF DECEASED CAUSE OF		
DEATH		
AWARE OF PLAN FOR	YES NO	YES NO
ADOPTIVE PLACEMENT		

BACKGROUND INFORMATION FOR	
	(NAME OF CHILD)

INFORMATION	BIRTH MOTHER'S PATERNAL	BIRTH MOTHER'S PATERNAL
	GRANDMOTHER	GRANDFATHER
FULL LEGAL NAME		
ADDRESS		
STREET/RR/P.O. BOX		
CITY/TOWN/STATE/ZIP		
DATE OF BIRTH		
RACE/ETHNICITY		
HAIR COLOR		
EYE COLOR		
SKIN COLOR		
WEIGHT		
HEIGHT		
EDUCATION (HIGHEST		
GRADE COMPLETED,		
VOCATIONAL/ASSOC.		
COLLEGE DEGREES)		
TYPE EMPLOYMENT		
MILITARY SERVICE:		
BRANCH OF SERVICE		
YEARS SERVED		
DATE OF DISCHARGE		
TYPE OF DISCHARGE		
RANK		
SPECIAL CHARACTERISTICS		
HOBBIES, INTERESTS		
AND TALENTS		
PERSONALITY		

RELIGION		
GENERAL HEALTH/HISTORY		
IF DECEASED CAUSE OF		
DEATH		
AWARE OF PLAN FOR	YES NO	YES NO
ADOPTIVE PLACEMENT		
BACKGROUND INFORMATION FOR		
	(NAME OF CHILD)	
	,	
INFORMATION	BIRTH FATHER'S PATERNAL	BIRTH FATHER'S PATERNAL
E LEGAL NIANAE	GRANDMOTHER	GRANDFATHER
FULL LEGAL NAME		
ADDRESS STREET/RR/P.O. BOX		
CITY/TOWN/STATE/ZIP		
DATE OF BIRTH		
RACE/ETHNICITY		
HAIR COLOR		
EYE COLOR		
SKIN COLOR		
WEIGHT		
HEIGHT		
EDUCATION (HIGHEST		
GRADE COMPLETED,		
VOCATIONAL/ASSOC.		
COLLEGE DEGREES)		
TYPE EMPLOYMENT		
MILITARY SERVICE:		
BRANCH OF SERVICE		
YEARS SERVED DATE OF DISCHARGE		
TYPE OF DISCHARGE		
RANK		
SPECIAL CHARACTERISTICS		
SPECIAL OFIAINACTERIOTIO		
HOBBIES, INTERESTS		
AND TALENTS		
PERSONALITY		
RELIGION		
GENERAL HEALTH/HISTORY		
IF DECEASED CAUSE OF		
DEATH AWARE OF PLAN FOR	VEC. NO.	VEC. NO.
ADOPTIVE PLACEMENT	YES NO	YES NO
ADOI IIVE I LACEMENT		
BACKGROUND INFORMATION FOR _		
	(NAME OF CHILD)	
BIRTH MOTHER'S SIBLINGS		
FULL LEGAL NAME	Γ	
RELATIONSHIP		
ADDRESS		
STREET/RR/P.O. BOX		
CITY/TOWN/STATE/ZIP		
DATE OF BIRTH		
RACE/ETHNICITY		
HAIR COLOR		
EYE COLOR		

SKIN COLOR		
WEIGHT		
HEIGHT		
EDUCATION (HIGHEST		
GRADE COMPLETED,		
VOCATIONAL/ASSOC.		
COLLEGE DEGREES)		
TYPE EMPLOYMENT		
MILITARY SERVICE:		
BRANCH OF SERVICE		
YEARS SERVED		
DATE OF DISCHARGE		
TYPE OF DISCHARGE		
RANK		
SPECIAL CHARACTERISTICS		
HOBBIES, INTERESTS		
AND TALENTS		
PERSONALITY		
RELIGION		
GENERAL HEALTH/HISTORY		
IF DECEASED CAUSE OF		
DEATH		
AWARE OF PLAN FOR	YES NO	YES NO
ADOPTIVE PLACEMENT		

BACKGROUND INFORMATION FOR _	
	(NAME OF CHILD)

BIRTH FATHER'S SIBLINGS

FULL LEGAL NAME	
RELATIONSHIP	
ADDRESS	
STREET/RR/P.O. BOX	
CITY/TOWN/STATE/ZIP	
DATE OF BIRTH	
RACE/ETHNICITY	
HAIR COLOR	
EYE COLOR	
SKIN COLOR	
WEIGHT	
HEIGHT	
EDUCATION (HIGHEST	
GRADE COMPLETED,	
VOCATIONAL/ASSOC.	
COLLEGE DEGREES)	
TYPE EMPLOYMENT	
MILITARY SERVICE:	
BRANCH OF SERVICE	
YEARS SERVED	
DATE OF DISCHARGE	
TYPE OF DISCHARGE	
RANK	
SPECIAL CHARACTERISTICS	
LIOPPIEG INITEDEGTO	
HOBBIES, INTERESTS AND TALENTS	
PERSONALITY RELIGION	
GENERAL HEALTH/HISTORY	

IF DECEASED CAUSE OF DEATH				
AWARE OF PLAN FOR	YES	NO	YES N	NO.
ADOPTIVE PLACEMENT				
BACKGROUND INFORMATION FOR _				
		(NAME OF CHILD)		
		_		
OTHER CHILDREN BORN TO THE BIF	RTH MOTHE	R		
FULL LEGAL NAME				
RELATIONSHIP	<u> </u>			
ADDRESS STREET/RR/P.O. BOX				
CITY/TOWN/STATE/ZIP				
DATE OF BIRTH				
RACE/ETHNICITY	†			
HAIR COLOR	†			
EYE COLOR				
SKIN COLOR				
WEIGHT				
HEIGHT				
EDUCATION (HIGHEST				
GRADE COMPLETED,				
VOCATIONAL/ASSOC.				
COLLEGE DEGREES)				
TYPE EMPLOYMENT	ļ			
MILITARY SERVICE:				
BRANCH OF SERVICE				
YEARS SERVED DATE OF DISCHARGE				
TYPE OF DISCHARGE				
RANK	 			
SPECIAL CHARACTERISTICS				
SI ECIAL CHARACTERISTICS				
HOBBIES, INTERESTS				
AND TALENTS				
PERSONALITY				
RELIGION				
GENERAL HEALTH/HISTORY				
IF DECEASED CAUSE OF				
DEATH	VEO	NO	YES N	10
AWARE OF PLAN FOR ADOPTIVE PLACEMENT	YES	NO	YES N	NO
ADOI TIVE I LACEMENT				
BACKGROUND INFORMATION FOR				
		(NAME OF CHILD)		
		,		
OTHER CHILDREN BORN TO THE BIF	RTH FATHEF	₹		
-				
FULL LEGAL NAME				
RELATIONSHIP				
ADDRESS				
STREET/RR/P.O. BOX	1			
CITY/TOWN/STATE/ZIP	 			
DATE OF BIRTH	 			
RACE/ETHNICITY	 			
HAIR COLOR EYE COLOR	 			
SKIN COLOR	 			
WEIGHT	 			
********	1			

HEIGHT	1	
EDUCATION (HIGHEST	+	
GRADE COMPLETED,		
VOCATIONAL/ASSOC.		
COLLEGE DEGREES)		
TYPE EMPLOYMENT		
MILITARY SERVICE:		
BRANCH OF SERVICE		
YEARS SERVED		
DATE OF DISCHARGE		
TYPE OF DISCHARGE		
RANK		
SPECIAL CHARACTERISTICS		
HOBBIES, INTERESTS		
AND TALENTS		
PERSONALITY		
RELIGION		
GENERAL HEALTH/HISTORY		
IF DECEASED CAUSE OF DEATH		
AWARE OF PLAN FOR	YES NO	VES NO
ADOPTIVE PLACEMENT	120 140	120 110
	ED, TO DESCRIBE OTHER CHILDRE	N BORN TO THE BIRTH MOTHER OR BIRTH
FATHER	,	
 HAVE ANY X-RAY, ELEC 		POSURE? Yes()No()
VIRUS TYPE INFECTIONS TYPE WERE YOU INVOLVED IN ANY ACCIL Yes () No ()	Yes () No () DATE	DATE
IF YES TO EITHER OF THESE QUES		
DELIVERY HISTORY: DURATION OF LABOR TYPE OF DELIVERY		
	S OF THE BIRTH MOTHER: Yes () N PREGNANCY AND HOW THE PRE	No () EGNANCY ENDED (ABORTION, STILL BIRTH, ETC.)

NAME OF BIRTH MOTHER () BIRTH FATHER ()	
NAME OF CHILD:	

PLEASE INDICATE BY A CHECK MARK (X) IF \underline{YOU} OR ANY BIRTH RELATIVE LISTED ON PAGES 3 THROUGH 13 HAVE EVER BEEN DIAGNOSED WITH THE FOLLOWING MEDICAL PROBLEMS. EXPLAIN IN THE "COMMENTS" SECTION THE SPECIFICS OF THE ILLNESS, THE SEVERITY OF THE ILLNESS, AGE AT ONSET OF ILLNESS, TYPE OF TREATMENT AND OUTCOME.

MEDICAL CONDITION	SELF		SELF YES - OTHER RELATIVE	COMMENTS	
	YES	NO	(SPECIFY)		
ACQUIRED IMMUNE					
DEFICIENCY					
SYNDROME					
(AIDS)					
ALCOHOLISM					
ALLERGIES					
ARTHRITIS					
BONE DISEASE					
CANCER					
CEREBRAL PALSY					
CLEFT PALATE					
CONGENITAL DEFECTS					
CORONARY (HEART) PROBLEMS					
CYSTIC FIBROSIS					
DEAFNESS					
MEDICAL	SE.	LF	VEC OTHER	COMMENTS	
	J 3L	LF	YES - OTHER	COMMENTS	
CONDITION	36	LF	RELATIVE	COMMENTS	
CONDITION	YES	NO NO		COMMENTS	
			RELATIVE	COMMENTS	
CONDITION			RELATIVE	COMMENTS	
CONDITION DIABETES			RELATIVE	COMMENTS	
CONDITION DIABETES EAR INFECTIONS			RELATIVE	COMMENTS	
CONDITION DIABETES EAR INFECTIONS ECZEMA EPILEPSY/ SEIZURES			RELATIVE	COMMENTS	
CONDITION DIABETES EAR INFECTIONS ECZEMA EPILEPSY/ SEIZURES GONORRHEA/ SYPHILIS			RELATIVE	COMMENTS	
CONDITION DIABETES EAR INFECTIONS ECZEMA EPILEPSY/ SEIZURES GONORRHEA/ SYPHILIS HAY FEVER/			RELATIVE	COMMENTS	
CONDITION DIABETES EAR INFECTIONS ECZEMA EPILEPSY/ SEIZURES GONORRHEA/ SYPHILIS HAY FEVER/ ASTHMA			RELATIVE	COMMENTS	
CONDITION DIABETES EAR INFECTIONS ECZEMA EPILEPSY/ SEIZURES GONORRHEA/ SYPHILIS HAY FEVER/ ASTHMA HEARING PROBLEMS			RELATIVE	COMMENTS	
CONDITION DIABETES EAR INFECTIONS ECZEMA EPILEPSY/ SEIZURES GONORRHEA/ SYPHILIS HAY FEVER/ ASTHMA			RELATIVE	COMMENTS	
CONDITION DIABETES EAR INFECTIONS ECZEMA EPILEPSY/ SEIZURES GONORRHEA/ SYPHILIS HAY FEVER/ ASTHMA HEARING PROBLEMS HEART PROBLEMS			RELATIVE	COMMENTS	
CONDITION DIABETES EAR INFECTIONS ECZEMA EPILEPSY/ SEIZURES GONORRHEA/ SYPHILIS HAY FEVER/ ASTHMA HEARING PROBLEMS HEART PROBLEMS HEMOPHILIA			RELATIVE	COMMENTS	
CONDITION DIABETES EAR INFECTIONS ECZEMA EPILEPSY/ SEIZURES GONORRHEA/ SYPHILIS HAY FEVER/ ASTHMA HEARING PROBLEMS HEMOPHILIA HERPES			RELATIVE	COMMENTS	
CONDITION DIABETES EAR INFECTIONS ECZEMA EPILEPSY/ SEIZURES GONORRHEA/ SYPHILIS HAY FEVER/ ASTHMA HEARING PROBLEMS HEMOPHILIA HERPES HODGKIN'S			RELATIVE		
CONDITION DIABETES EAR INFECTIONS ECZEMA EPILEPSY/ SEIZURES GONORRHEA/ SYPHILIS HAY FEVER/ ASTHMA HEARING PROBLEMS HEART PROBLEMS HEMOPHILIA HERPES HODGKIN'S HORMONE DISORDER			RELATIVE		
CONDITION DIABETES EAR INFECTIONS ECZEMA EPILEPSY/ SEIZURES GONORRHEA/ SYPHILIS HAY FEVER/ ASTHMA HEARING PROBLEMS HEART PROBLEMS HEMOPHILIA HERPES HODGKIN'S HORMONE DISORDER HYPERTENSION			RELATIVE		

MIGRAINES		
MULTIPLE SCLEROSIS		
MUSCULAR DYSTROPHY		
NARCOTIC ADDICTION		

MEDICAL CONDITION	SE	LF	YES - OTHER RELATIVE	COMMENTS
	YES	NO	(SPECIFY)	
OTHER PARALYSIS				
OTHER MEDICAL CONDITION: (SPECIFY)				
OTHER SUBSTANCE ABUSE				
RESPIRATORY DISEASE				
SPEECH PROBLEMS				
SICKLE-CELL ANEMIA				
STROKE				
VISUAL PROBLEMS				

SUBSTANCE USE HISTORY - BIRTH MOTHER

TOBACCO: DO YOU SMOKE? YES () NO ()
IF YES, DESCRIBE HOW MUCH YOU SMOKE: DID YOU SMOKE DURING THIS PREGNANCY? YES () NO () IF YES, FREQUENCY OF HABIT:
ALCOHOL:
DO YOU DRINK ALCOHOL? YES () NO () DID YOU DRINK DURING THIS PREGNANCY? YES () NO () IF YES TO EITHER QUESTION, DESCRIBE YOUR DRINKING HABITS, (I.E. FREQUENCY, TYPE ALCOHOL USED, HISTORY OF ALCOHOL USE)
DRUCE:
DRUGS: HAVE YOU EVER USED DRUGS? YES () NO () IF YES, DESCRIBE YOUR DRUG USE, (I.E. TYPE OF DRUG YOU USED, FREQUENCY OF USE, HISTORY OF DRUG USE INCLUDING EXPERIMENTAL USE).

DID YOU USE DRUGS DURING THIS PREGNANCY? YES () NO () IF YES, DESCRIBE YOUR DRUG USE (INCLUDING PRESCRIPTION DRUGS) TYPE OF DRUG, FREQUENCY OF USE AND WHEN THE DRUG WAS USED.

(Rule 0250-07-1302, continued)
SUBSTANCE USE HISTORY - BIRTH FATHER
ALCOHOL: DO YOU DRINK ALCOHOL? YES () NO () IF YES, DESCRIBE YOUR DRINKING HABITS, (I.E., FREQUENCY, TYPE ALCOHOL USED, HISTORY OF ALCOHOL USE).
DRUGS: HAVE YOU EVER USED DRUGS? YES () NO () IF YES, DESCRIBE YOUR DRUG USE, (I.E. TYPE OF DRUG YOU USE, FREQUENCY OF USE, HISTORY OF DRUG USE) DESCRIBE SPECIFIC DRUGS AND TIME FRAMES OF YOUR USE OF EACH DRUG. (INCLUDE EXPERIMENTAL USE.)
PSYCHIATRIC HISTORY: BIRTH MOTHER () BIRTH FATHER () HAVE YOU EVER RECEIVED PSYCHOLOGICAL OR PSYCHIATRIC TREATMENT? YES () NO () HAVE YOU EVER TAKEN PSYCHIATRIC MEDICATION? YES () NO () IF YES TO EITHER QUESTION, DESCRIBE TREATMENT ISSUES, DIAGNOSIS, LENGTH OF TREATMENT AND LIST MEDICATIONS USED DURING TREATMENT:
OTHER INFORMATION YOU WOULD LIKE TO SHARE ABOUT YOURSELF, YOUR SOCIAL/MEDICAL HISTORY, YOUR BIRTH RELATIVES OR ABOUT THE CIRCUMSTANCES IMPACTING YOUR DECISION TO PLACE YOUR CHILD FOR ADOPTION.
(IF ADDITIONAL SPACE IS NEEDED, PLEASE ATTACH SHEETS.)
Birth/Legal Mother:
Birth/Legal Father:

Legal Guardian(s):		
FURTHER AFFIANT SAITH NOT.		
This, 20		
	Signature:	Parent or Legal Guardian
		v
Sworn to and subscribed before me this	day of	, 20
	NOTARY P	UBLIC
	1101711111	05210
My Commission Expires:		
OR		
	Please Print:	
		ChancellorCircuit JudgeJuvenile Court Judge Warden or Judge orClerk of Court of Record In another State; or U.S. Foreign Service Officers or Officers of The United States Armed Forces
		Authorized to Administer Oaths
	Signature: _	
When this form is being completed by I process, the person completing the form sh		ement information purposes, and not as a part of the surrender form.
Signature:	County:	Date:
Authority: TCA &\$ 45201	ot soa 26 1 111	(k) and 26.117(a) Public Chanter 522 (1005) and
Executive Order #6, January 12, 1		(k) and 36-117(g), Public Chapter 532 (1995), and ative History: Original rule filed September 7, 2001;
effective November 21, 2001.		

0250-07-13-.03 SURRENDER DOCUMENTS FOR USE IN SURRENDERS TO A TENNESSEE LICENSED CHILD-PLACING AGENCY OR THE TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES IN THESE MATTERS, IN A TENNESSEE COURT.

- (1) The following form is composed of four (4) Parts making a complete package which must be used at the time of surrender of a child for adoption in a Tennessee court to a Licensed Child-Placing Agency (LCPA) or the Tennessee Department of Children's Services in these matters, (TDCS). Parts I, II, and III must be completed at the time of the surrender. Copies of Parts I and II should be given to the person executing the surrender and to the Department or LCPA. Copies of Part III should be given to the person executing the surrender and sent directly to the Department's Central Office by the Clerk. Part IV, the revocation of surrender, which is part of the package, must be given to the parent or guardian at the time of the surrender.
- (2) The requirements for execution and processing of the forms are contained in T.C.A. §§ 36-1-111 and 36-1-112 and are noted in summary manner on the forms.
- (3) The information in these forms is confidential and is not to be released without the written approval of the court.
- (4) Form:

FORMS FOR SURRENDER IN TENNESSEE OF A CHILD TO
TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES OR
A LICENSED CHILD-PLACING AGENCY
BY A PARENT OR GUARDIAN IN TENNESSEE

PART I

PRE-SURRENDER INFORMATION

The following information is required by Tennessee Code Annotated § 36-1-111 and must be obtained under oath by the Court prior to execution of the surrender in PART II by the parent or legal guardian:

Note: Pseudonyms must not be used nor may spaces for the identities of persons whose names are known be left blank. The court shall require the persons executing these documents to prove their identities satisfactorily to the court. T.C.A. § 36-1-111(g).

STA	TE O	OF)		
Beir	ng dul	y sworn according to law, affiant would state:		
1.	I am	:		
	a.	Mother:	(Date of Birth)	, or
	b.	Father:	(Date of Birth)	, or
	C.	Legal Guardian:	(Date of Birth)	, of:
2.	a.	Child's Name		
	b.	Child's Date of Birth		
	C.	Child's Place of Birth		
	d.	Child's Sex		
	e.	Child's Race	····	
3.	This	child was born in wedlock \square / out of wedlock \square .		
4. chile		e the names and relationships of any other legal/biological p	earent, legal guardian or pos	ssible biological parent for this
	a.	(1) Name:		

		(5)	City, State Zip Telephone Number: Home:Work:	
		(6)	Other identifying information concerning the above identified other legal or biological parent/legal guardian	1.
				and
	b.	(1)	Name:	
		(2)	Relationship to the child:	
		(3)	AddressCity, State Zip	
		(5)	Telephone Number: Home:Work:Work:	
		(6)		ian.
				and
	C.	(1)	Name:	
		(2)	Relationship to the child:	
		(3) (4)	Address City, State Zip	
		(5)	Telephone Number: Home:Work:	
		(6)	Other identifying information concerning the above identified other legal or parent/legal guardian.	
5.	The		tity is unknown for the other:	
	a.	Lega	al parent Yes □ No □	
	b. C.	I ed:	ogical parent Yes □ No □ al quardian Yes □ No □	
	d.	Not	ogical parent Yes 🗆 No 🗆 al guardian Yes 🗆 No 🗆 applicable Yes 🗆 No 🗆	
6.	The		reabouts is unknown for the other:	
	a.	Lega	al parent Yes □ No □	
	b. C.	Biolo	ogical parent Yes ☐ No ☐	
	d.	Not	al guardian Yes □ No □ applicable Yes □ No □	
7.	l sta	ate th	at all information concerning the identity, whereabouts, and social and medical history concerning the about	ove-named
	Ser	vices	biological parent/legal guardian has been () or will be given () to the Tennessee Department of or the Licensed Child-Placing Agency to whom the above child is being surrendered.	Children's
8.	Info	rmatio	on Concerning Child's Native American Heritage:	
	a.		you or the child of Native American heritage? Yes ☐ No ☐ o, go to # 9.	
	b. c.	If ye	es, give name of tribe	
	d.	Are	you registered with a Native American tribe? Yes □ No □	
	e. f.	If ye	es, give name of tribeour child eligible for tribal membership? Yes No \Box	
	g.	If ye	es, give name of tribe	
	h. i.		syour child been registered with a Native American tribe? Yes No No so, give name of tribe.	
	j.		s information is unknown.	
9.	a.	Will	this child be sent out of Tennessee to another state or country for adoption?	
	b.	If ye	Yes \(\bigcap \text{No} \text{If no, go to #10} \) es, name of state or country.	
	C.	If ye	es, I understand Tennessee law will govern the interpretation of this surrender.	
10.	of th Yes If no	ne abo	u been paid, received or been promised any money or other remuneration of thing of value in connection wi ove-named child or placement of this child for adoption? No □ to #11. ease complete the following:	th the birth
	, -	-, -,-		

		Amount Paid	To Whom	By Whom	Date Received/Paid	Type Service/Cost
11.	a.	Does the child own any give the property value:	real or personal pro	perty? Yes ☐ No ☐	If yes, please descr	ribe the property owned and
	b.	Is it expected that the cl			ersonal property? he time and circumstance	Yes No
		becomes owner and giv			ine time and circumstance	es under which the child
12.	а	Do you currently have:				
	u.	Only legal custod	y of the child? Yes			
		Both legal and ph	tody of the child? `ysical custody of the	e child? Yes 🗖 No	o 🗖	
	b.	Name:			ive the following informat	ion:
		Address:	•			
		(Street, RR, Telephone Number (He	P.O. Box) (T	own/City)	(State) (Zip)	
	c.	If another person(s) ho	olds physical custod	y of the child at this tim	e, give the following inform	mation:
		Name: Relationship, if any, to	you or the child:			
		Address:(Street, RR,	P.O. Box) (T	own/City)	(State)	(Zip)
		Telephone Number (H	ome)`	_ (Work) ´	_ ` '	(=.P)
	d. e.	If a licensed child place	ng agency, the Dep	artment of Children's S	nt? Yes No services or another State a	agency holds physical and/or
		legal custody of your c Name of Agency:				
		Street/Rural Route/P.C). Box:	State	Zip: _	
	f.	Do you intend to give of	custody to the licens	ed child placing agency	کاب y or the Tennessee Depa	rtment of Children's Services?
	g.	Yes □ No □ Explain any other	circumstances rega	arding the custody statu	s of this child:	
13	a.	Are you aware of assis	tance which may be	e available to you to car	re for the child should you	desire to parent this child?
	b.	Do you desire counsel adoption or parenting	from the Tenness	ee Department of Chi	ne available to you or regal Idren's Services a licens is child for adoption?	arding other issues surrounding sed child-placing agency, or a Yes □ No □
	c.	Has such counseling b			□ No □	
14.	a. b.				r proceeding? Yes cution of the surrender of	No □ the child? Yes □ No □

	c.	Has such counseling b	en made available to you? Yes □ No □
15.	as	parent of the child in	rou sign the following surrender of the above-named child that you will have no right to act any manner forever, that your rights and responsibilities to and with the child will be ld will become the legal child of other persons?
16.	a.	you sign the surrend	der of the above-named child, do you understand that within ten (10) days from the date r, you may revoke or cancel this surrender by signing a paper called a <u>REVOCATION OF</u> re judge who is here today, or his or her successor? Yes \(\begin{array}{c}\) No \(\beta\)
	b.		der of the above named child on this date, (Mo/Day/Yr), the period of
			rrender will begin on the day following the signing of the surrender, or (Mo/Day/Yr) The revocation period is ten (10) calendar days and will expire on the tenth (10th)
		day or (Mo/Day/Yr) _ the last day for revo	
	c.	Tennessee Departme child, <u>if</u> you currently harm to the health at	nat if you do sign the Revocation of Surrender form within the ten (10) day period, the it of Children's Services or Licensed Child-Placing Agency will be required to return the nave custody of the child, <u>unless</u> the court finds that to do so will likely result in immediate d safety of the child, and that you may contest this decision not to return the child to you all counsel to represent you in that proceeding? Yes No
17.			ou freely, voluntarily and without duress or pressure by any other person(s) desire to ed child so that the child may be placed for adoption and adopted by other persons?
FUF	THE	R, AFFIANT SAITH NO	
This	the	day of	20
Sigi	natur	Biological	Legal Mother Legal Father of
		Ns	ne of Child
Swo	rn to		e this the day of, 20
		Please Print:	
			Chancellor,Circuit Judge, orJuvenile Court Judge
		•	of County, Tennessee
		Signature:	Chancellor, Circuit Judge, or Juvenile Court Judge
			PART II
A.	LIC	ENSED CHILD-PLACIN	OR GUARDIAN TO THE TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES OR A GENCY AND ACCEPTANCE OF THE SURRENDER BY THE TENNESSEE DEPARTMENT OR LICENSED CHILD-PLACING AGENCY
_		OF TENNESSEE OF	
000	,,,,,		
Beir	ıg du	ly sworn according to la	, affiant would state:
1.	I am		
	a. h	Mother:	or
	D. C.	Legal Guardian:	or of:

۷.		Child's Date of Digith	
	b. C.		
		Child's Place of Birth:	•
	e.	Child's Sex:Child's Race:	-
	٥.	offild of redoc.	-
3.	fore	nderstand that by my signature to this document, all of my pa ever terminated and ended; that this nnessee Department of Children's Services and that the chi ther right to see this child, or to act as parent of this child, or to	child will be placed for adoption by, a Licensed Child-Placing Agency, or by the ld will be adopted by other persons, and that I will have no
4.	l ur prod	understand that by signing this document, I will not be en occeedings for the adoption of my child by other persons.	titled to any notice, legal or otherwise, of any other legal
5.	a.	I have read and fully understand Part I of this document a this child I must do so by(Date from # 16b. attached to this document, to the judge who is conducting the	of Part I) by presenting the Revocation of Surrender Form,
	b.	By my signature to this part, I acknowledge receipt of a copy	of the Revocation of Surrender form.
6.		REELY AND VOLUNTARILY, WITHOUT DURESS OF ANY K PARENTAL OR GUARDIANSHIP RIGHTS TO :	(CHILD'S NAME)
	a. b.	Licensed Child-Placing AgencyTennessee Department of Children's Services (Please ch	(Name of LCPA) eck if applicable.)
		FURTHER AFFIANT SAITH NOT.	
		This the day of, 20	
		Sworn to and subscribed before me this the day of	, 20
		Plassa Print	
		Flease Fillit	Chancellor, Circuit Judge, or Juvenile Court Judge
			ofCounty, Tennessee
		Signature [.]	
*Se	e No	ote Below Before Signing	Chancellor, Circuit or Juvenile Court Judge

NOTES TO THE COURT:

- 1. Please see T.C.A. 36-1-110 and 36-1-111(b), (c), (d), and (e) for capacity to execute and receive surrenders and requirements for validity.
- 2. A separate medical/social history form for the child and the child's parent(s) and biological relatives must be completed under oath prior to execution of the surrender. T. C. A. § 36-1-111(k).
- 3. When applicable, as noted above, all provisions of Section B. must be completed as directed prior to acceptance of the surrender and before entry of an Order of Full or Partial Guardianship. T.C.A. 36-1-111(k), (m) and (o). Section B.4. does not have to be completed by the Department of Children's Services. T.C.A. 36-1-111(n).
- 4. The surrender itself is not sufficient to vest custodial or guardianship authority with the Licensed Child-Placing Agency or the Department of Children's Services. T.C.A. 36-1-111(r)(2). Upon satisfactory completion of the above necessary requirements in Section B. and execution of the Pre-Surrender Form in Part I and Section A. of Part II by the parent or legal guardian, the Court shall enter an Order of Full or Partial Guardianship for the Licensed Child-Placing Agency or the Tennessee Department of Children's Services. T.C.A. 36-1-111 (r)(6)(C). This should be done within thirty (30) days of the execution of the surrender. T.C.A. § 36-1-111(u).

NOTES TO THE CLERK:

- Certified copies of Parts I and II must be given to the person(s) executing the surrender and to the Licensed Child Placing Agency or the county office of Tennessee Department of Children's Services. Costs of the copies may be taxed to the LCPA or the Department. Certify these copies on the page following Part II. T.C.A § 36-1-111(p).
- 2. The originals of Parts I and II shall be entered on a special docket for Surrenders and shall be styled "In Re:

 _________" (Child's Name) and shall be permanently filed by the court in a separate file for that purpose, and shall be confidential and shall not be inspected by anyone else without the written approval of the court. T. C. A. 36-1-111(p).
- 3. Within five (5) days of the execution of the surrender, a certified copy of Parts I, II and III shall be sent, without cost, to: Adoptions Services, Tennessee Department of Children's Services, 436 6th Avenue North, Nashville, TN 37243-1290. T.C.A. 36-1-111(p)(1), (2) and (4). Please provide certifications for these on the pages following Parts II and III.

PART II

В.	ACCEPTANCE OF SURRENDER BY LICENSED CHILD-PLACING AGENCY
	OR TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES

	O.K	TEMPESSEE BEI ARTIMENT OF STILEBREN O SERVISES
ST	ATE (DF)
CO	TNU	OF) Y OF)
Bei	ng du	ally sworn according to law, affiant would state:
1.	I, _	, an authorized representative of:
	a. b. c.	Licensed Child-Placing Agency; or the; or the; or the Name of Child DATE:
		Please Print: Name and Title of Authorized Representative
		Signature: Signature of Authorized Representative
	<u>IST</u> E	CTIONS 2a2d. MUST BE MARKED TO DESIGNATE THE APPLICABLE SITUATION. ONE OF THESE SUBSECTIONS XIST BEFORE THE SURRENDER CAN BE RECEIVED BY THE COURT:
	a. b. c.	That my agency has physical custody of this child; or That my agency has received the affidavit required by § 36-1-111 (d)(6) concerning the right to receive custody from the surrendering parent or guardian within five (5) days of the date of this surrender. The affidavit of the custodial parent or guardian to that effect has been presented to the court at this time; or My agency has the right to receive physical custody of the child upon his or her release from a hospital or health care facility, and the affidavit of the custodial parent or guardian to this effect required by § 36-1-111 (d)(6) has been presented to the court at this time; or That another person or agency has physical custody of the child. The affidavit of that person or agency required by § 36-1-111 (d)(6) which indicates their waiver of the right to custody of the child upon entry of an order of guardianship

SUBSECTIONS 3. AND 4. <u>MUST</u> BE ANSWERED "YES" OR <u>MUST</u> BE MARKED "NOT APPLICABLE" BEFORE THE SURRENDER IS COMPLETED BY THE COURT.

3. Yes □ No □ That if the Indian Child Welfare Act, 25 U.S.C. § 1901 et seq., applies because of the child's Native American heritage, there has been compliance with the Act. □ Not Applicable

pursuant to § 36-1-136(r) has been presented to this court at this time.

Interstate Compact on the Placement of C adoption or foster care. If the ICPC Form		explain why this is not requir	eu.
□ Not Applicable			
RTHER AFFIANT SAITH NOT.			
This day of, 20	_ :		
	Signature:		
			ntive of Licensed Child-Placing see Department of Children's
Sworn to and subscribed before me	this the day of _	, 20	-
	Please Print:		
		Chancellor, Circuit o	r Juvenile Court Judge
	of		County, Tennessee
	Signature:	Chancellor, Circuit or_	husada Caurt Indea
		Criancellor, Circuit or_	Javerille Court Juage
	County, T	, Clerk of the ennessee hereby certify the nts filed with the court.	e foregoing copies of Parts I a
urt for	County, T	ennessee hereby certify the	e foregoing copies of Parts I a
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ATE OF untry of ng duly sworn according to law affiant would l am: a. Mother: b. Father: c. Legal Guardian:	County, Te copies of the documer PART III CONTACT VETO RET T.C.A. § 36-1-1*	Clerk of the, or, or of:	e foregoing copies of Parts I a
ATE OF UNTY OF ag duly sworn according to law affiant would lam: a. Mother: b. Father: c. Legal Guardian: a. Child's Name:	County, Te copies of the documer PART III CONTACT VETO RECT.C.A. § 36-1-1:	Clerk of the, or, or, or of:	e foregoing copies of Parts I a
ATE OF	County, Te copies of the documer PART III CONTACT VETO RETT.C.A. § 36-1-1	connessee hereby certify the nts filed with the court. Clerk of the	e foregoing copies of Parts I a
ATE OF	County, Te copies of the documer PART III CONTACT VETO RET T.C.A. § 36-1-1*	ennessee hereby certify the nts filed with the court. Clerk of the	e foregoing copies of Parts I a

- I understand that contact with me may be requested by the child I am surrendering (adopted person) and by certain other classes of eligible persons who, as may be permitted by law, may have access to the sealed records, sealed adoption records or post adoption records and those records in any other information. Those eligible persons currently include the adopted person twenty-one (21) years of age or older or their legal representative, the adopted person's birth or adopted parents or step-parents, the birth or adopted siblings or lineal descendants twenty-one years of age or older of the adopted person, or their legal representatives. [T.C.A. § 36-1-127(c)]. The class of eligible persons may be revised periodically by changes to the law.
 - I understand that no contact, whether by personal contact, correspondence or otherwise shall be made in any manner whatsoever by those requesting persons or any agent or other person acting in concert with those requesting persons, with any person eligible to file a contact veto except as permitted by law. The sealed adoption record or post-adoption record requested by eligible persons shall be made available to the requesting party only after completion by the requesting party of a sworn statement agreeing that he or she shall not contact or attempt to contact, in any manner, by themselves or in concert with any other persons or entities, any of the persons eligible to file a contact veto until the Department has completed a search of the Contact Veto Registry to determine the willingness of the person sought to have contact with the requesting party. [T.C.A. §§ 36-1-127(f); 36-1-130 and 36-1-131]. The person making contact in violation of the law shall be guilty of a Class B misdemeanor [T.C.A. § 36-1-132]. I also understand that should I be contacted after filing a contact veto, I shall have a cause of action in the Circuit or Chancery Court for injunctive relief and damages, including both compensatory and punitive damages, and attorneys fees against any person who has contacted, attempted to contact, or caused me to be contacted [T.C.A. § 36-1-132].
- 4. I understand that contact with me by an eligible person is governed by filing my intentions with the Contact Veto Registry.
- By filing with the execution of this surrender, I understand there is no fee for filing with the Contact Veto Registry. However, should I choose not to file a contact veto at this time, but wish to do so later. I understand I may do so, but will be required to pay the necessary fees [T.C.A. § 36-1-129(b)]. I understand that should there be a request for contact with me and I have vetoed contact with any eligible person, I will be contacted and informed by the Department of Children's Services to determine my desires for contact at that time and will be given the opportunity to vary or modify my request. [T.C.A. § 36-1-130(b)(1)].
- I understand that I may vary this contact veto by indicating my desires for contact, if any, with the eligible persons and the means of contact I wish to have with particular eligible persons. [T.C.A. § 36-1-111(k)(3)(B); § 36-1-127-36-1-131]. In doing so, I understand I must write to the address below and request the necessary forms to complete and file with the Contact Veto Registry:

CONTACT VETO REGISTRY POST ADOPTION SERVICES TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES 436 6TH AVENUE NORTH NASHVILLE, TENNESSEE 37243-1290

7. a. PLEASE COMPLETE THE FOLLOWING SO THAT YOU MAY BE LOCATED IN THE FUTURE BY THE DEPARTMENT CONCERNING YOUR INTENTIONS REGARDING CONTACT:

THIS INFORMATION MUST BE UPDATED WITH THE DEPARTMENT TO ENSURE THAT FUTURE CONTACT CAN BE MADE.

Name (Including Birth & Married Names)		(Street/Rural Route/P. O. Box)		
(Town/City)	, -	(State)	(Zip Cod	e)
(Home Telephone	No.) (Work Telephone No.)	_•	
s this address an address the Yes No If no, ple		•	ing your wis	shes regard
(Street/Rural Route/P. O. Bo	x)	(Town/City)		(State)
(Zip Code)	(Work Telephone)	(Ho	me Telepho	one)
Is this address an address a Yes □ No □. If no, please		•	you?	
(Street/Rural Route/P. O. Bo	x)	(To)	wn/City)	(State)
	/	(• /	,

	u.	If no, may the listed teleph	one numbers the department may use to control one numbers be shared with eligible persons re f any, that might be shared and used to contact	equesting contact? YES INO I. If no, please	
		(Work Telephone No.)	(Home Telephone No.))	
		by law, to have access to	he adopted person and all other classes of eligible persons, who may, as may be permi e sealed records, sealed adoption records or post adoption record to have contact with		
	b.	lineal ancestors, and the records opened. You ma have to register a contact	spouses of those persons so that they cannot y, however, exclude persons in those classes veto themselves or, upon location by the dep	applicable to your siblings, lineal descendants, to be contacted by a person eligible to have the from this automatic coverage so that they will artment, pursuant to a search request, they will ease indicate whether you wish to exclude any of	
	C.	I wish to exclude from the (1) My siblings: Yes (2) My lineal descendant: (3) My lineal ancestors: (4) The spouses of: (a) siblings Yes (b) lineal descendar (c) lineal ancestors	s: Yes		
Plea	ase c	omplete the following for any	y known individuals:		
			Relationship To	Address	
		Name	Surrendering Person	Street. RR, P. O. Box, Town, State, Zip	
	d.	I wish to veto contact with: (1) Any future siblings of (2) A current spouse (3) Future spouse of min (4) Any of my lineal desc	the adopted person. Yes ☐ No ☐ Yes ☐ No ☐ Name of current spous e Yes ☐ No ☐	se	
Plea	ase c	omplete the following for any	y known individuals:		
		Name	Relationship To Surrendering Person	Address Street. RR, P. O. Box, Town, State, Zip	
9.	a.		d I am surrendering (adopted person) and ALL ve access to the sealed records, sealed adoption		
	b.	I wish to limit consent to	certain persons and only give consent for conta	act with the following classes of people:	
		(1) The adopted person(2) The adopted person's(3) The adopted person's			

	(5)	The legal represe	matives of any of these	persons Yes 🗆	.NO LJ	
	c. If c	ontact is limited to t	he legal representative	of certain classes of	f persons, please describe:	
0.	any limit Telepho Letters (Persona Persona Persona	ations or qualification ations or qualification contact, unannour contact, prearrang	ons to these methods o	of contact)		
1.		formation I wish to ion to be provided)	have released about m	ne to any eligible pe	rsons (please identify to whom	and the contents of the
2.			t with any other eligible please share that infor		o share a statement of your fe	elings, or circumstances
	Departm	request that this ent of Children's So FFIANT SAITH NO	ervices	ith the Contact Vet	o Registry at the Post Adopti	on Services Unit of th
	the	_ day of	LegalMother			
		Biological Legal Guard	LegalFather ian			
3wo	rn to and	Legal Guard	LegalFather ian re me this day Please Print:	ofChancellor, _	, 20Circuit Judge,Juvenile Cou	
ŝwo	rn to and	Legal Guard	ian day	/ ofChancellor, _	, 20	see
§wa	rn to and	Legal Guard	ian day re me this day Please Print:	/ ofChancellor, _	, 20Circuit Judge,Juvenile Cou	see

Clerk of the	Court of
	County, Tennessee
	(Seal)

PART IV

REVOCATION OF SURRENDER BY A PARENT OR GUARDIAN

	ATE OF TENNESSEE	
Bei	ing duly sworn according to law affiant would state:	
1.	I am: a. Mother:	. Or
	b. Father:c. Legal Guardian:	, or
2.	a. Child's Name:	
3.	On(Date), I executed a #2 to: a. Prospective Adoptive Parent(s) b. Licensed Child-Placing Agency c. Tennessee Department of Children's Services	
4.		(Name of Judge and Name of Court)
5. FUI	I hereby revoke and void the surrender of the above-nar RTHER AFFIANT SAITH NOT.	med child.
	s theday of, 20	
Sig	nature: Biological Legal Mother Biological Legal Father Legal Guardian:	
Sw	orn to and subscribed before me this day of	, 20
Thi	s Revocation of Surrender was received by me on the	day of, 20
	Please Print:	Chancellor,Circuit Judge, orJuvenile Court Judge of County, Tennessee
	Signature (See notes below):	•

(Seal)

(Rule 0250-07-13-.03, continued)

NOTES TO COURT, OR OTHER PERSON AUTHORIZED TO RECEIVE A REVOCATION, AND TO THE CLERK:

- 1. If the judge or other person who received the surrender is unavailable or absent, the successor or substitute to that judge or person may accept the revocation, or in the absence of the judge or his or her successor, another judge with jurisdiction to receive a surrender (in another state or territory this would be the chancellor, judge, or clerk of a court of record) may accept the revocation. In the event the surrender was taken in another state or country, or before the warden of a state or federal penitentiary and there is no authorized successor to the person who received the surrender or that person is unavailable, the revocation may be taken by a court in Tennessee which is qualified to receive a surrender or by a court in another state, territory, or country with domestic relations jurisdiction to accept the revocation. T.C.A. § 36-1-112(a)(1).
- 2. The surrender must be revoked within ten (10) days including Saturdays, Sundays and legal holidays following the original execution of the surrender. T.C.A. § 36-1-112(a)(1). The revocation period will begin on the day following the signing of the surrender and will expire on the tenth (10th) day. If the tenth (10th) falls on a Saturday, Sunday or legal holiday, the last day for revocation will be the next day which is not a Saturday, Sunday or legal holiday.
- 3. The court or person receiving the revocation shall maintain the originals in the office of the clerk or the person receiving the surrender together with the original of the surrender or the adoption petition containing the parental consent, if available, and shall personally give, or by certified mail, return receipt requested, send certified copies of the revocation to the child's parent(s) or legal guardian(s), and to the prospective adoptive parents or the local office of the Tennessee Department of Children's Services or the licensed child-placing agency to whom the child was surrendered. See, T.C.A. § 36-1-112(c)(1).
- 4. a. A certified copy of the revocation shall be attached to a certified copy of the surrender or the petition for adoption containing the parental consent, and the clerk shall send these, within three (3) days by certified mail, return receipt requested to:

Tennessee Department of Children's Services Central Office Adoption Services 436 6th Avenue North Nashville, TN 37243-1290

See, T.C.A. § 36-1-112(c)(2).

- b. Please provide the certification on the page following this Revocation form.
- 5. If the revocation must be executed before a court or person before whom the surrender was not executed or in which the adoption petition was not filed, the original of the revocation shall be sent within three (3) days to the court or person before whom the surrender was executed or where the adoption petition was filed and that court or person shall be responsible for sending the forms to the Tennessee Department of Children's Services Central Office and to the persons or agencies in #3 entitled to copies of the revocation. See, T.C.A. § 36-112(c)(2)(B).

I, _________Court of ______County, Tennessee, certify the foregoing copy of the Revocation of Surrender to be a true and accurate copy of the Revocation of Surrender executed before this Court. Clerk of the _______Court of ______County, Tennessee

Authority: T.C.A. §§ 4-5-201, et seq., 36-1-111, 36-1-112, 36-1-125(a), 36-1-141, Public Chapter 532 (1995), and Executive Order #6, January 12, 1996. Administrative History: Original rule filed September 7, 2001; effective November 21, 2001. Emergency rule filed September 11, 2015; expired March 9, 2016.

0250-07-13-.04 SURRENDER DOCUMENTS FOR USE IN SURRENDERS DIRECTLY TO PROSPECTIVE ADOPTIVE PARENTS IN A TENNESSEE COURT.

- (1) The following form is composed of four (4) Parts making a complete package which must be used at the time of surrender of a child for adoption in a Tennessee court directly to prospective adoptive parents. Parts I, II, and III must be completed at the time of the surrender. Copies of Parts I and II should be given to the person executing the surrender and to the prospective adoptive parents. Copies of Part III should be given to the person executing the surrender and should be sent directly to the Department by the Clerk. Part IV, the revocation of surrender, which is part of the package, must be given to the parent or guardian at the time of the surrender.
- (2) The requirements for execution and processing of the forms are contained in T.C.A. §§ 36-1-111 and 36-1-112 and are noted in summary manner on the forms.
- (3) The information in these forms is confidential and is not to be released without the written approval of the court.
- (4) Form:

FORMS FOR SURRENDER OF CHILD IN TENNESSEE DIRECTLY TO ADOPTIVE PARENTS BY A PARENT OR GUARDIAN

PART I

PRE-SURRENDER INFORMATION

The following information is required by Tennessee Code Annotated § 36-1-111 and must be obtained under oath by the Court prior to execution of the surrender in PART II by the parent or legal guardian:

Note: Pseudonyms must not be used nor may spaces for the identities of persons whose names are known be left blank. The court shall require the persons executing these documents to prove their identities satisfactorily to the court. T.C.A. § 36-1-111(g).

		OF) Y OF)
		Being duly sworn according to law, affiant would state:
1.	l ar	n:
	a.	Mother:,or
	b.	Father:,or
	C.	Legal Guardian:,of:
2.	a.	Child's Name
	b.	Child's Date of Birth
	C.	Child's Place of Birth
	d.	Child's Sex
	e.	Child's Race
3.	Thi	s child was born in wedlock □/ out of wedlock□.
4.	Sta	te the names and relationships of any other legal/biological parent, legal guardian or possible biological parent for this
	chil	
	a.	(1) Name:
		(2) Relationship to the child:
		(3) Address
		(4) City, State Zip
		(5) Telephone Number: Home:Work:
		(6) Other identifying information concerning the above identified other legal or biological parent/legal guardian.

			and
	b.	(1) (2)	Name:Relationship to the child:
		(3)	Address
		(5)	City, State ZipWork:
		(6)	Other identifying information concerning the above identified other legal or biological parent/legal guardian.
			and
	C.	(1)	Name:
		(2)	
		(4)	Address
		(5) (6)	Telephone Number: Home:Work: Other identifying information concerning the above identified other legal or biological parent/legal guardian.
		(0)	——————————————————————————————————————
5.			ity is unknown for the other:
	a. b.	Biolo	al parent Yes □ No □ ogical parent Yes □ No □
	c. d.	Lega	al guardian Yes □ No □ applicable Yes □ No □
_			
6.	The a.	Lega	eabouts is unknown for the other: al parent Yes □ No □
	b.	Biolo	ogical parent Yes □ No □
	c. d.	Not	al guardian Yes □ No □ applicable Yes □ No □
7.	biolo is b	ogical	at all information concerning the identity, whereabouts, and social and medical history concerning the other legal or parent/legal guardian has been() or will be given() to the prospective adoptive parents to whom the above child surrendered, to the agency conducting the adoptive home study, or to the attorney for the prospective adoptive
8.	Info	rmatio	on Concerning Child's Native American Heritage:
	a.		you or the child of Native American heritage? Yes ☐ No ☐
	b.		, go to # 9. s, are you eligible for tribal membership? Yes □ No □
	C.	If ye	s, give name of tribe.
	d. e.		you registered with a Native American tribe? Yes
	f. g.		our child eligible for tribal membership? Yes No Service name of tribe.
	h.	Has	your child been registered with a Native American tribe? Yes ☐ No ☐
	i j.		s, give name of tribe nformation is unknown. Yes
9.	a.	Will	this child be sent out of Tennessee to another state or country for adoption?
		Yes	□ No □ If no, go to #10.
	b.		s, name of state or country. s, Tennessee law will govern the interpretation of this surrender.
	C.		
10.		n of th Yes If no	 i been paid, received or been promised any money or other remuneration of thing of value in connection with the e above-named child or placement of this child for adoption? □ No □ i, go to #11. s, please complete the following:

Type

Service/Cost

Date

Received/Paid

(Rule 0250-07-13-.04, continued)

Amount Paid

To Whom

11	a.	Does the child own any reproperty value:	eal or personal p	oroperty? Yes ☐ N	lo □ If yes, please des	cribe the property ow	rned and give the
	b.	Is it expected that the chi If yes, please describe becomes owner and give	property, who c	urrently owns the			r which the child
12.	a. b.	Do you currently have: Only legal custody of Only physical custod Both legal and phys If another person(s) hold Name: Relationship, if any, to yo	dy of the child? ical custody of the ds legal custody	Yes □ No □ ne child? Yes □ of the child at this	No □ time, give the following		
		Address:	O Boy)	Town/City)	(State)	(Zip)	
		(Street, RR, P. Telephone Number (Hom	ne)	(Work)	(State)	(Σιρ)	
	C.	If another person(s) holds Name:	s physical custoo	dy of the child at th	nis time, give the following		
		Address:					
		(Street, RR, P. Telephone Number (Hom	O. Box) (Town/City)	(State)	(Zip)	
	d. e.	Is the person(s) who hold if a licensed child placing legal custody of your chi Name of Agency: Street/Rural Route/P.O. I Town/City:	ds custody the programs agency, the De file following the	ospective adoptive partment of Childro wing information:	e parent? Yes 🗖 Nen's Services or anothe	r State agency holds _l	physical and/or
	f.	Do you intend to give cus	stody to the pros	pective adoptive p	arents? Yes □ No		
	g.	Explain any other circum					
13	a.	Are you aware of assistance Yes □ No □	nce which may b	e available to you	to care for the child sho	ould you desire to pare	ent this child?
	b.	Do you desire counseling adoption or parenting from	m the Tennesse	e Department of C	hildren's Services a lice	nsed child-placing ag	ency, or a
	C.	licensed clinical social we Have you requested the p Yes No If not, go	prospective ador]

By Whom

If so, has such counseling been made available to you by the prospective adoptive parents? Yes \square No \square

14.	a. b. c. d.	If not, do Have you Yes If so, has	you desire to cor u requested the p c \(\text{No} \(If no	nsult with legal counse rospective adoptive pa ot, go to #15.	el at this surrender proceeding? Yes IN No el prior to the execution of the surrender of the arents to provide such counseling for you?	e child? Yes □ No □
15.	as p	parent of t	the child in any r	nanner whatsoever	surrender of the above-named child that forever, that your rights and responsibilitilegal child of other persons? Yes ☐ No ①	es to and with the child will
16.	a.	you sigr	the surrender,	you may revoke or	ed child, do you understand that within cancel this surrender by signing a papel oday, or his or her successor?	
	b.	day or (I the last situation	on of the surre Mo/Day/Yr) day for revocati	nder will begin on The revocation on will be the next	the day following the signing of the period is ten (10) calendar days and will lift the tenth (10th) day falls on a Saturday which is not a Saturday, Sunday or pay/Yr) Do you under	surrender, or (Mo/Day/Yr) I expire on the tenth (10th) ay, Sunday or legal holiday, legal holiday. If this is the
	c.	prospec unless t that you	tive adoptive pa he court finds th	arents will be requinat to do so will like	e Revocation of Surrender form within the red to return the child, if you currently by result in immediate harm to the health urn the child to you and you may have leg	have custody of the child, and safety of the child, and
.,.	surr ado	render the pare	e above-named ents? Yes N ER, AFFIANT SAI day of Biological L Biological L	child so that the control of □ TH NOT. , 20 egal Motheregal Father	and without duress or pressure by any child may be placed for adoption and a	dopted by the prospective
		Sworn to	and subscribed b	pefore me this the	Name of Child day of, 20	
				Please Print:	Chancellor,Circuit Judge of Count	
				Signature:	Chancellor, Circuit Judge, or Juvenile Con	urt Judge
					PART II	
Α.	SUF	RRENDER	BY PARENT OF	R GUARDIAN DIRECT	TLY TO PROSPECTIVE ADOPTIVE PAREN	TS
		OF TENNE	SSEE)		
			lv sworn affiant w	•		

1.	I an	n:				
	a.	Mother:	(or		
	b.	Father:		or		
	C.	Legal Guardian:		of:		
2.	a.					
	b.					
	C.	Child's Place of Birth:				
	d.					
	e.	Child's Race:				
3.	fore by_	derstand that by my signature to this doc ever terminated and have no further right to see this child, or t	ended;	that this [Name(s) of	child prospective a	will be adopted doptive parent(s)], and that
4.		nderstand that by signing this documer ceedings for the adoption of my child by o		e entitled to any notic	e, legal or c	therwise, of any other lega
5.	a.	I have read and fully understand Part I this child I must do so byattached to this document, to the judge	_(Date from #	16b. of Part I) by pres	enting the Re	evocation of Surrender Form
	b.	By my signature to this part, I acknowled	dge receipt of a	copy of the Revocation	of Surrende	r form.
6.	LFR	REELY AND VOLUNTARILY, WITHOUT	DURESS OF A	NY KIND, SURRENDE	R ALL OF MY	PARENTAL OR
	GU	ARDIANSHIP RIGHTS TO(CHILD'S	NAME)	<u> </u>		
	TO:		NAIVIE)			
	a.	Prospective Adoptive Mother				
	b.	Prospective Adoptive Father				
FUI	RTHE	ER AFFIANT SAITH NOT.				
This	s the	day of, 20				
Sig	natui	re: Biological LegalMothe	r			
Ū		BiologicalLegalFather				
		Legal Guardian				
		-				
Sw	orn to	and subscribed before me this the	day of	, 20		
			Pleas	se Print:		
				Chancellor		Juvenile Court Judge of
						County, Tennessee
			Sian	ature:		
*Se	e No	te Below Before Signing	9	Chancellor, Circu	t or Juvenile (Court Judge

NOTES TO COURT:

- 1. Please see T.C.A. § 36-1-110 and 36-1-111(b), (c), (d), and (e) for capacity to execute and receive surrenders and requirements for validity.
- 2. A separate medical/social history form for the child, the child's parent(s), and biological relatives must be completed under oath <u>prior</u> to execution of the surrender. T. C. A. § 36-1-111(k).
- 3. When applicable, as noted above, all provisions of Section B. must be completed as directed prior to acceptance of the surrender and before entry of an Order of Full or Partial Guardianship. T.C.A. § 36-1-111(k)(m) and (o).
- 4. The surrender itself is not sufficient to vest custodial or guardianship authority with the prospective adoptive parents. T.C.A. § 36-1-111 (r)(2). Upon satisfactory completion of the above necessary requirements and execution of the Pre-Surrender Form in Part I and Section A. of Part II by the parent(s) or legal guardian, the Court may enter an Order of Full or Partial Guardianship for the Prospective Adoptive Parent. T. C. A. § 36-1-111(r)(6)(C). This should be done within thirty (30) days of the execution of the surrender. T.C.A. § 36-1-111(u).

5. If a full home study of the prospective adoptive parent(s)' home has not been conducted within six (6) months of the date of the execution of this surrender, the court shall, if the surrender is to persons who are not related [T.C.A. § 36-1-102(39)] to the child, issue an Order of Reference for such home study to, and shall order supervision of the child in the home of the prospective adoptive parents by, a licensed child-placing agency, a licensed clinical social worker, or if the prospective adoptive parents are indigent under Federal Poverty Guidelines, to the Tennessee Department of Children's Services. The home study is to be returned to the court within sixty (60) days. See, T.C.A. § 36-1-111(t).

NOTES TO THE CLERK:

NO	ES TO THE CLERK.							
1.	Certified copies of Parts I and II must be given to the person(s) executing the surrender and to the prospective adoptive parents. Costs of the copies may be taxed to the prospective adoptive parents. Certify these copies on the page following Part II. T. C. A. § 36-1-111(p).							
2.	The original shall be entered on a special docket for Surrenders and shall be styled "In Re:							
	"(Child's Name) and shall be permanently filed by the court in a report file for that purpose, and shall be confidential and shall not be inspected by anyone else without the written approval of the court. T. C. A. § 36-1-111(p).							
3. Within five (5) days of the execution of the surrender, a certified copy of Parts I, II, and III shall be sent, without Adoptions Services, Tennessee Department of Children's Services, 436 6 th Avenue North, Nashville, TN 37243-1290 § 36-1-111(p)(1),(2) and (4). T. C. A. § 36-1-111(p). Please provide certifications on the pages following Parts II and I								
	PART II							
В.	ACCEPTANCE OF SURRENDER BY PROSPECTIVE ADOPTIVE PARENTS							
	TE OF TENNESSEE) NTY OF)							
Bei	g duly sworn, affiant(s) would state:							
1.	 a. I am							
2.	a. I am, Prospective Adoptive Father. b. Prospective Adoptive Father's Date of Birth c. Prospective Adoptive Father's Marital Status d. Prospective Adoptive Father's Address							
3.	agree to assume responsibility for obtaining guardianship of (I/We)							
	through court order within thirty (30) days of the date of this (Name of Child)							
	surrender [See, T.C.A. § 36-1-111(u)], and we agree, therefore, to be responsible for the care, custody, financial support, medical care, education, moral, and spiritual training of this child.							
4.	The following costs have been paid by for activities involving the placement of this child. (me/us)							
	Amount Paid To Whom Date Paid Type Service/Cost							
	Licensed Child Placing Agency							
	Licensed Clinical Social Worker							

Amount Paid	To Whom	Date Paid	Type Service/Cost
			Licensed Child Placing Agency
-			Licensed Clinical Social Worker
			Legal Counsel
			Other Person/Organization Specify:
			Social Counseling Cost for Child's Parent/Legal Guardian
			Legal Counseling for Child's Parent/Legal Guardian

		Hospital or Medical Costs for the Birth of the Child			
		Medical Care/Other Birth Related Expenses for Mother and/or Child			
		Counseling Fees for Child			
		Food, Maternity Clothing, Child's Clothing			
		Housing and/or Utilities for Parent/Guardian			
		Other Costs (Specify to Whom)			
	BSECTIONS 5a5d. <u>MUST</u> BE MARKED TO D ST EXIST BEFORE THE SURRENDER CAN B	ESIGNATE THE APPLICABLE SITUATION. ONE OF THE FOLLOWING E RECEIVED BY THE COURT:			
5.	aI/We have physical custody of the	sis child; or			
	surrender. The affidavit required by § presented to the court at this time; or c I/We have the right to receive ph	ody of the child from the parent or legal guardian within five (5) days of this 36-1-111 (d)(6) of the custodial parent or guardian to this effect has been nysical custody of the child upon his or her release from a hospital or health care all parent or guardian to this effect required by § 36-1-111 (d)(6) has been			
		ently has physical control of the child. I/We have presented to the court and by § 36-1-111 (d)(6) which indicates their waiver of the right to custody of the bursuant to § 36-1-136(r).			
	BSECTIONS 6-9 <u>MUST</u> BE ANSWERED "YES COMPLETED BY THE COURT:	" OR <u>MUST</u> BE MARKED "NOT APPLICABLE" BEFORE THE SURRENDER			
6.		e court a currently effective or updated home study or preliminary home study of lacing agency, a licensed clinical social worker, or the Tennessee Department of			
7.		ertificate of the completion of ()legal/()social counseling <u>if</u> counseling was m #s 13 and 14 in Part I above. □Not Applicable.			
8.	. Yes No If the child has been brought into Tennessee for foster care or adoption, I/we have attached a copy of the ICPC 100A or other substitute form required for ICPC compliance or a sworn statement stating why such form is not required by the ICPC. Not Applicable.				
9.	Yes No I/We have attached a state because of the child's Native American heritagen Not Applicable.	tement that if the Indian Child Welfare Act, 25 U.S.C. § 1901 et seq. applies ge, there has been compliance with the Act.			
SU	BSECTION 10 MUST BE ANSWERED "YES",	OR ITEM b. MUST EXPLAIN HOW COMPLIANCE WILL BE EFFECTED:			
10.	Yes ☐ No ☐ a. If the child is to be remowith the Interstate Compact on the Placement	oved from Tennessee for adoption in another state, there has been compliance of Children. □Not Applicable.			
	b. If not, how will it be effected?				
FUI	RTHER AFFIANT(S) SAITH NOT				
	s day of, 20				

			Signature of I	Prospective Adoptive Mother
			_ Signature of I	Prospective Adoptive Father
Sw	orn to and subscribed before me this	day of	. 20	
•				
		Please Print: _	Chancellor,Circui	t Judge, orJuvenile Court Judge
			of	County, Tennessee
		Signature: _		
		•	Chancellor,Circ	uit Judge, orJuvenile Court Judge
		CERTIFIC	<u>ATION</u>	
	ı		Clark of the	
Coı	ı,urt for	County.	, Clerk of the Tennessee hereby certify	the foregoing copies of Parts I and II
			Clerk of the	Court of
				County, Tennessee
				(Seal)
		PART CONTACT VETO R		
		T.C.A. § 36-1-		
	ATE OF)		
	UNTY OF)		
	ing duly sworn according to law affiant w	ouid state.		
1.	l am: a. Mother:		, or	
	b. Father:		, or	
	c. Legal Guardian:		of:	
2.	a. Child's Name:			
	b. Child's Date of Birth:			
	c. Child's Place of Birth:		· · · · · · · · · · · · · · · · · · ·	
	d. Child's Sex:e. Child's Race:			
3.	a. I understand that contact with me	may be requested by th	e child I am surrendering (adopted person) and by certain other

classes of eligible persons who, as may be requested by law, may have access to the sealed records, sealed adoption records or post adoption records and those records in any other information. Those eligible persons currently include the adopted person twenty-one (21) years of age or older or their legal representative, the adopted person's birth or adopted parents or step-parents, the birth or adopted siblings or lineal descendants twenty-one years of age or older of the adopted person, or their legal representatives. [T.C.A. § 36-1-127(c)]. The class of eligible persons may be revised periodically by changes to the law.

- b. I understand that no contact, whether by personal contact, correspondence or otherwise shall be made in any manner whatsoever by those requesting persons or any agent or other person acting in concert with those requesting persons, with any person eligible to file a contact veto except as permitted by law. The sealed adoption record or post-adoption record requested by eligible persons shall be made available to the requesting party only after completion by the requesting party of a sworn statement agreeing that he or she shall not contact or attempt to contact, in any manner, by themselves or in concert with any other persons or entities, any of the persons eligible to file a contact veto until the Department has completed a search of the Contact Veto Registry to determine the willingness of the person sought to have contact with the requesting party. [T.C.A. §§ 36-1-127(f); 36-1-130 and 36-1-131]. The person making contact in violation of the law shall be guilty of a Class B misdemeanor [T.C.A. § 36-1-132]. I also understand that should I be contacted after filing a contact veto, I shall have a cause of action in the Circuit or Chancery Court for injunctive relief and damages, including both compensatory and punitive damages, and attorneys fees against any person who has contacted, attempted to contact, or caused me to be contacted [T.C.A. § 36-1-132].
- 4. I understand that contact with me by an eligible person is governed by filing my intentions with the Contact Veto Registry.
- 5. By filing with the execution of this surrender, I understand there is no fee for filing with the Contact Veto Registry. However, should I choose not to file a contact veto at this time, but wish to do so later, I understand I may do so, but will be required to pay the necessary fees [T.C.A. § 36-1-129(b)]. I understand that should there be a request for contact with me and I have vetoed contact with any eligible person, I will be contacted and informed by the Department of Children's Services to determine my desires for contact at that time and will be given the opportunity to vary or modify my request. [T.C.A. § 36-1-130(b)(1)].
- 6. I understand that I may vary this contact veto by indicating my desires for contact, if any, with the eligible persons and the means of contact I wish to have with particular eligible persons. [T.C.A. § 36-1-111(k)(3)(B); § 36-1-127-36-1-131]. In doing so, I understand I must write to the address below and request the necessary forms to complete and file with the Contact Veto Registry:

CONTACT VETO REGISTRY
POST ADOPTION SERVICES
TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES
436 6th AVENUE NORTH
NASHVILLE, TENNESSEE 37243-1290

7. a. PLEASE COMPLETE THE FOLLOWING SO THAT YOU MAY BE LOCATED IN THE FUTURE BY THE DEPARTMENT CONCERNING YOUR INTENTIONS REGARDING CONTACT:

THIS INFORMATION MUST BE UPDATED WITH THE DEPARTMENT TO ENSURE THAT FUTURE CONTACT CAN BE MADE.

Name (Including Birth & Married Names)		(Street/Rural Route/P. O. Box)		ox)		
(Town/City)		(State)	(Zip Code)	,		
(Home Telep	phone No.)	(Work Telephone No.))			
Is this address an address the department may use to write to you concerning your wishes regarding contact. Yes ☐ No☐ If no, please share address to be used:						
(Street/Rural Route/P.	O. Box)	(Town/City)	,	(State)		
(Zip Code)	(Work Telephone)	 (Home Telephone)				
Is this address an address to be used:	ress a person requesting co	ontact may use to write	to you? Yes □	No □. If no, please share the		
(Street/Rural Route/P.	O. Box)		own/City)	(State)		
(Zip Code)	(Work Te	elephone)	(Home	Telephone)		
Are the telephone numbers the numbers the department may use to contact you? YES NO . If no, may the listed telephone numbers be shared with eligible persons requesting contact? YES NO . If no, please list telephone number(s), if any, that might be shared and used to contact you.						
(Work Telephone	No.) (Home 7	Felephone No.)	·			

	a.			classes of eligible persons, who may, as may be permitted n records or post adoption record to have contact with me
	b.	lineal ancestors, and the spouses of records opened. You may, however have to register a contact veto ther	of those persons so that er, exclude persons in the mselves or, upon location	utomatically applicable to your siblings, lineal descendants they cannot be contacted by a person eligible to have the ose classes from this automatic coverage so that they will by the department, pursuant to a search request, they will D(a)(6)]. Please indicate whether you wish to exclude any of
	C.	I wish to exclude from the automatic (1) My siblings: Yes I (2) My lineal descendants: Yes I (3) My lineal ancestors: Yes I (4) The spouses of: (a) siblings Yes I (b) lineal descendants Yes I (c) lineal ancestors Yes I Please complete the following for any	No No No No No No No No	<u>r</u>
		, , ,		Address
		Name	Relationship To Surrendering Person	Address Street. RR, P. O. Box, Town, State, Zip
Plea		 (1) Any future siblings of the adopt (2) A current spouse Yes I (3) Future spouse of mine Yes I (4) Any of my lineal descendants complete the following for any known in Please complete the following for any 	□ No □ Name of co □ No □ Yes □ No □	lo 🗖 urrent spouse
		i lease complete the following for any		
		Name	Relationship To Surrendering Person	Address Street. RR, P. O. Box, Town, State, Zip
		Name	Relationship To	
		Name	Relationship To	
		Name	Relationship To	
		Name	Relationship To	
9.	a.	I give consent for the child I am su	Relationship To Surrendering Person	
9.	a. b.	I give consent for the child I am su be permitted by law, to have acce contact with me.	Relationship To Surrendering Person	Street. RR, P. O. Box, Town, State, Zip on) and ALL other classes of eligible persons who, as may
9.		I give consent for the child I am su be permitted by law, to have acce contact with me.	Relationship To Surrendering Person rrendering (adopted persons to the sealed records, rsons and only give consequences are siblings and the sealed records, rsons and only give consequences are parents are siblings are sealed records.	Street. RR, P. O. Box, Town, State, Zip on) and ALL other classes of eligible persons who, as may sealed adoption records or post adoption record to have ent for contact with the following classes of people:

any limitation	ns or qualifications to these n	nethods of contact)	ting contact with me: (Please c	heck all that apply and indicate
Personal cor Personal cor	ntact, unannounced tact, prearranged with me ntact through another person	I, either via phone D		nd information to be released
	ation I wish to have released o be provided)	about me to any eli	gible persons (please identify t	o whom and the contents of the
				your feelings, or circumstances
which impact	t your decision, please share	that information hei	re:	
· URTHER, AFFIA his the da ignature :		Mother Father		<u></u>
worn to and sub	scribed to before me this	day of	, 20	
	Pleas	se Print:Ch	ancellor,Circuit Judge,Ju	uvenile Court Judge of tty, Tennessee
	Signa		cellor, Circuit Judge, Juvenile	Court Judge
		CERTIFI	CATION	
	County, Tenne he document executed before	essee, certify the for		ourt of urrender Forms to be a true and
			Clerk of the	Court of County, Tennessee
				(Seal)

PART IV

REVOCATION OF SURRENDER BY A PARENT OR GUARDIAN

		/ OF
Ве	ing du	ly sworn according to law affiant would state:
1.	I an a. b. c.	Mother:, or Father:, or
2.		Child's Name: Child's Date of Birth: Child's Place of Birth: Child's Sex: Child's Race:
3.	#2 t a.	Prospective Adoptive Parent(s) Licensed Child-Placing Agency
4.	(Na	surrender was executed before: me of Judge and Name of Court)
5. FU		reby revoke and void the surrender of the above-named child. R AFFIANT SAITH NOT.
Thi	s the	day of, 20
Sig	ınature	Biological LegalMother Biological LegalFather Legal Guardian:
Sw	orn to	and subscribed before me this day of, 20
Th	s Rev	ocation of Surrender was received by me on the day of, 20
		Please Print: Chancellor,Circuit Judge, orJuvenile Court Judge
		of County, Tennessee
		Signature (See notes below): Chancellor, Circuit Judge, or Juvenile Court Judge

NOTES TO COURT, OR OTHER PERSON AUTHORIZED TO RECEIVE A REVOCATION, AND TO THE CLERK:

- 1. If the judge or other person who received the surrender is unavailable or absent, the successor or substitute to that judge or person may accept the revocation, or in the absence of the judge or his or her successor, another judge with jurisdiction to receive a surrender (in another state or territory this would be the chancellor, judge, or clerk of a court of record) may accept the revocation. In the event the surrender was taken in another state or country, or before the warden of a state or federal penitentiary and there is no authorized successor to the person who received the surrender or that person is unavailable, the revocation may be taken by a court in Tennessee which is qualified to receive a surrender or by a court in another state, territory, or country with domestic relations jurisdiction to accept the revocation. T.C.A. § 36-1-112(a)(1).
- 2. The surrender must be revoked within ten (10) days including Saturdays, Sundays and legal holidays following the original execution of the surrender. T.C.A. § 36-1-112(a)(1). The revocation period will begin on the day following the signing of the

surrender and will expire on the tenth (10th) day. If the tenth (10th) falls on a Saturday, Sunday or legal holiday, the last day for revocation will be the next day which is not a Saturday, Sunday or legal holiday.

- 3. The court or person receiving the revocation shall maintain the originals in the office of the clerk or the person receiving the surrender together with the original of the surrender or the adoption petition containing the parental consent, if available, and shall personally give, or by certified mail, return receipt requested, send certified copies of the revocation to the child's parent(s) or legal guardian(s), and to the prospective adoptive parents or the local office of the Tennessee Department of Children's Services or the licensed child-placing agency to whom the child was surrendered. See, T.C.A. § 36-1-112(c)(1).
- 4. a. A certified copy of the revocation shall be attached to a certified copy of the surrender or the petition for adoption containing the parental consent, and the clerk shall send these, within three (3) days by certified mail, return receipt requested to:

Tennessee Department of Children's Services Central Office Adoption Services 436 6th Avenue North Nashville, TN 37243-1290

See, T.C.A. § 36-1-112(c)(2).

b. Please provide the certification on the page following this Revocation form.

If the revocation must be executed before a court or person before whom the surrender was not executed or in which the adoption petition was not filed, the original of the revocation shall be sent within three (3) days to the court or person before whom the surrender was executed or where the adoption petition was filed and that court or person shall be responsible for sending the forms to the Tennessee Department of Children's Services, Central Office and to the persons or agencies in #3 entitled to copies of the revocation. See, T.C.A. § 36-112(c)(2)(B).

CERTIFICATION

I,Couland accurate copy of the Revocation of Surr	, Clerk of the nty, Tennessee, certify the foregoing copy or render executed before this Court.	Court of f the Revocation of Surrender to be a true
	Clerk of the	Court ofCounty, Tennessee
		(Seal)

Authority: T.C.A. §§ 4-5-201, et seq., 36-1-111, 36-1-112, 36-1-125, 36-1-141, Public Chapter 532 (1995), and Executive Order #6, January 12, 1996. Administrative History: Original rule filed September 7, 2001; effective November 21, 2001. Emergency rule filed September 11, 2015; expired March 9, 2016.

0250-07-13-.05 SURRENDER DOCUMENTS FOR USE IN SURRENDERS TO A LICENSED CHILD-PLACING AGENCY OR THE TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES IN THESE MATTERS, IN COURT IN ANOTHER STATE OR TERRITORY.

(1) The following form is composed of four parts (4) making a complete package which must be used at the time of surrender of child for adoption in a court in another state or territory to a Tennessee Licensed Child-Placing Agency (LCPA) or the Tennessee Department of Children's Services (TDCS), or its successor agency in these matters. Parts I, II A. and III should be completed at the time of the surrender. Part II B. should be completed by the Department or LCPA prior to sending the form to the court out of state for completion of the surrender. Copies of Parts I and II should be given to the person executing the surrender and to the Department or the LCPA. Copies of Part III should be given to the person executing the surrender and should be sent directly to the Department by the Clerk. Part IV, the revocation

and

(Rule 0250-07-13-.05, continued)

of surrender, which is part of the package, must be given to the parent or guardian at the time of the surrender.

- (2) The requirements for execution and processing of the forms are contained in T.C.A. §§ 36-1-111 and 36-1-112 and are noted in summary manner on the forms.
- (3) The information in these forms is confidential and is not to be released without the written approval of the court with domestic relations jurisdiction where the file is maintained.
- (4) Form:

FORM FOR SURRENDER OF CHILD BY A PARENT OR GUARDIAN IN ANOTHER STATE OR TERRITORY TO THE TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES OR A TENNESSEE LICENSED CHILD-PLACING AGENCY

PART I

PRE-SURRENDER INFORMATION

The following information is required by Tennessee Code Annotated § 36-1-111 and must be obtained under oath by the Court of Record or Clerk of Court of Record in the State or Territory where executed prior to execution of the surrender in PART II by the parent or legal guardian:

Note: Pseudonyms must not be used nor may spaces for the identities of persons whose names are known be left blank. The court shall require the persons executing these documents to prove their identities satisfactorily to the court. T.C.A. § 36-1-111(g).

ST/ CO	ATE (OF_ Y OF		
Bei	ng du	ıly sw	orn according to law, affiant would state:	
1.	l an a.		ther:(Date of Birth), or	
	b.	Fath	her:(Date of Birth), or	
	C.		gal Guardian:(Date of Birth), of:	
2.	a.	Chil	ld's Name:	
	b.	Chil	Id's Date of Birth:	
	C.	CHIII	id 5 Flace of Biltil	
	d. e.	Chil	ld's Sex: ld's Race:	
	€.	Cilli	iu s Nace.	
3.	This	s child	d was born in wedlock □/ out of wedlock□.	
4. chil		(1) (2)	Telephone Number: Home:Work: Other identifying information concerning the above identified other legal or biological parent/le	egal guardian.
	b.	(1) (2) (3) (4) (5) (6)	Name: Relationship to the child: Address City, State Zip Telephone Number: Home: Work: Other identifying information concerning the above identified other legal or biological parent/le	

	C.	(3) (4)	Telephone Nu	mber: Ho	ome:		Work:		 cal	
5.	The a. b. c. d.	Leg: Biol	tity is unknown al parent ogical parent al guardian applicable	Yes □ I	No □ No □					-
6.	The a. b. c. d.	Lega Biolo Lega	reabouts is unki al parent ogical parent al guardian applicable	Yes 🗖	No □ No □					
7.	lega	al or	biological pare	nt/legal g	uardian has l	peen() or w	/ill be given(story concerning the annessee Department ed.	
8.	b. c. d. e. f. g. h. i.	Are If no If ye If ye Are If ye Is yo If ye Has If ye This	you or the child on go to # 9. It is a go to # 9. It is a go you registered by your child eligible is give name or your child eligible is give name or your child beer is give name or your child beer is give name or your child series information is	of Native ple for trib f tribe with a Na f tribe f for tribal f tribe n register f tribe unknown.	American he al membershirive American membership?	ritage? Yes p? Yes tribe? Yes ve American tribe	Yes No	Yes No		
9.	a. b. c.	If ye	this child be se Yes No ses, name of states, I understand] e or coun	If no, go to # try.	<i>‡</i> 10.		·		
10.	of the	he abo	u been paid, recove-named chill to #11. lease complete	d or place	ment of this c			eration of thing o es □ No □	of value in connection	with the birth
			Amount Paid		To Whom	By Who	m Re	Date ceived/Paid	Type Service/Cost	

11.	a.	Does the child own any real or personal property? Yes No If yes, please describe the property owned and give the property value:
	b.	Is it expected that the child will become possessed of any real or personal property? Yes □No □ If, please describe property, who currently owns the property, the time and circumstances under which the child becomes owner and give the property value:
12.	a.	Do you currently have: Only legal custody of the child? Yes No South
	b.	If another person(s) holds legal custody of the child at this time, give the following information:
		Relationship, if any, to you or the child:
		Address:
	C.	Telephone Number (Home) (Work) (for another person(s) holds physical custody of the child at this time, give the following information:
	U.	Name:
		Relationship, if any, to you or the child: Address:
		(Street, RR, P.O. Box) (Town/City) (State) (Zip) Telephone Number (Home) (Work)
	d.	Is the person(s) who holds custody the prospective adoptive parent? Yes \(\sigma\) No \(\sigma\)
	e.	If a licensed child placing agency, the Department of Children's Services or another State agency holds physical and/or legal custody of your child, give the following information: Name of Agency: Compared the compared to the compared
		Street/Rural Route/P.O. Box:
	f.	Do you intend to give custody to the licensed child placing agency or the Department of Children's Services? Yes □ No □
	g.	Explain any other circumstances regarding the custody status of this child:
13.	a.	Are you aware of assistance which may be available to you to care for the child should you desire to parent this child? Yes No No
	b.	Do you desire counseling regarding such assistance which may be available to you or regarding other issues surrounding adoption or parenting from a social services agency or licensed counselor concerning the decision to place this child for adoption? Yes No
	C.	Has such counseling been made available to you? Yes □ No □
14.	a.	Do you desire to be represented by legal counsel at this surrender proceeding? Yes ☐ No ☐
	b. c.	If not, do you desire to consult with legal counsel prior to the execution of the surrender of the child? Yes No Has such counseling been made available to you? Yes No
15.	as	you understand that if you sign the following surrender of the above-named child that you will have no right to act parent of the child in any manner forever, that your rights and responsibilities to and with the child will be ninated and that the child will become the legal child of other persons? Yes ☐ No ☐
16.	a.	If you sign the surrender of the above-named child, do you understand that within ten (10) days from the date you sign the surrender, you may revoke or cancel this surrender by signing a paper called a <u>REVOCATION OF SURRENDER</u> before the judge or clerk who is here today, or his or her successor? Yes \(\Boxed{\text{NO}}\) No \(\Boxed{\text{}}\)
	b.	By signing the surrender of the above named child on this date, (Mo/Day/Yr), the period of
		revocation of the surrender will begin on the day following the signing of the surrender, or (Mo/Day/Yr) The revocation period is ten (10) calendar days and will expire on the tenth (10th)
		<u>day or (Mo/Day/Yr)</u> . If the tenth (10th) day falls on a Saturday, Sunday or legal holiday,

			the next day which is not a Saturday, Sube (Mo/Day/Yr) Do	
	c.	Tennessee Department of Children child, if you currently have custody harm to the health and safety of the	sign the Revocation of Surrender form 's Services or Licensed Child-Placing A of the child, <u>unless</u> the court finds that to e child, and that you may contest this deterpresent you in that proceeding?	gency will be required to return the o do so will likely result in immediate ecision not to return the child to you
17.	suri		untarily and without duress or pressur the child may be placed for adoption and	
		FURTHER, AFFIANT SAITH NOT.		
		This the day of 20_	_·	
	Si	gnature: Biological Legal Mo	other	
		Biological Legal Fa	ther	
		Legal Guardian of		of
			Name of Child	
	_			
	S	worn to and subscribed before me this	the day of, 20	
		Please Print:	Chancellor,Judge, of a Court of Rec	and of the
			Charlellor,Sudge, or a Court of Rec	,
			County or Parish, of(State or T	erritory)
			<u> </u>	omory)
			(City)	
		Signature:	Observation On Instrument Of Description	Name of About
			Chancellor Or Judge Of Court Of Record	Named Above
OR	BY A	CLERK OF A COURT OF RECORD:		
		D. D. (
		Please Print:	Name of Clerk of Court of Record of The	
			Name of Clerk of Court of Record of The Court of	_, Count or Parish of
			(State or Territory)	(City)
		Ciamatuma.	••	· · ·
		Signature:	Clerk of Court of Record	
			PARTII	
A.			R GUARDIAN IN ANOTHER STATE OR TE ES OR TENNESSEE LICENSED CHILD PL	
STA	ATE C	DF	-	
		' OF		
Beir	ng du	ly sworn according to law, affiant would	state:	
1.	I am			
	a. b.	Mother:Father:	or	
	C.	Legal Guardian:	, c. of:	
2.	a.	Child's Name:		

	b. c.	Child's Place of Bir	h: th:		
	d. e.	Child's Sex:			
3.	fore Lice ado	derstand that by my ver terminated and eaces	signature to this document, a ended; that this child will be p Agency, or by the Tens, and that I will have no further	all of my parental or guardianship rights to the child named above will blaced for adoption byennessee Department of Children's Services, and that the child will ther right to see this child, or to act as parent of this child, or to otherw	, a be
4.	l ur		igning this document, I will adoption of my child by other	not be entitled to any notice, legal or otherwise, of any other lear persons.	gal
5.		child I must do so by	y(Date from # 1	cument and fully understand that if I change my decision to surrender to 16b. of Part I) by presenting the Revocation of Surrender Form, attact this proceeding, or his or her successor.	
	b.	By my signature to t	his part, I acknowledge receip	ot of a copy of the Revocation of Surrender form.	
6.	LFR	REELY AND VOLUN	TARILY, WITHOUT DURESS	S OF ANY KIND, SURRENDER ALL OF MY PARENTAL OR	
	GU	ARDIANSHIP RIGHT	TS TO(CHILD'S NAME)	<u> </u>	
	TO:				
	a. L b.	icensed Child-Placin Tennessee Depart	ng Agency ament of Children's Services ((Name of LCPA) (Please check if applicable.)	
		FURTHER AFFIAN			
		This the day of	f 20		
		Signature:	Biological, Legal Mothe Biological, Legal Legal Guardian	er Father	
Swo	rn to	and subscribed befo	ore me this the day of _	, 20	
			Please Print:	Chancellor, Judge, of a Court of Record	
				Court of	
				County or Parish, of at	
				(State Or Territory)	
				(City)	
*Se	e Not	tes Below Before S	Signatu igning	ure: Chancellor or Judge of Court of Record Named Above	
			OR BY A CLERK OF A COL	URT OF RECORD:	
			Please Print:		
			Name of Clerk of Court of R	Record of The	
			Court of	, County or	
			Parish of		
			(State or Territory)	(City)	

	Signature:		
*See Notes Below Before Signing	•	Clerk of Court of Record	

NOTES TO COURT OR OTHER PERSONS AUTHORIZED TO TAKE THE SURRENDER IN SECTION A:

- A minor may complete the surrender to any person eighteen (18) years of age or older. T. C. A. § 36-1-110.
- A separate medical/social history form for the child, the child's parent(s) and biological relatives must be completed under oath prior to execution of the surrender. T. C. A. § 36-1-111-(k).
- When applicable, as noted in Section B., all provisions of B. must be completed prior to your signing of the Surrender in Section A. T. C. A. § 36-1-111(k), (m) and (o). Section B.4. does not have to be completed by the Tennessee Department of Children's Services. T.C.A. § 36-1-111(n).
- Certified copies of Parts I and II must be given or sent to the person(s) executing the surrender and to the licensed child placing agency or the Tennessee Department of Children's Services as noted in the Acceptance portion in Part B. Please certify copies of Parts I, and II on the page following Part II. Costs and copies may be taxed only to the licensed child-placing agency or to the Tennessee Department of Children's Services which receives the surrender. T.C. A. § 36-1-111(p)(1). Part III should be certified on the page following Part III and sent to: Adoption Services, Tennessee Department of Children's Services, 436 6th Avenue North, Nashville, TN 37243-1290.
- The originals of the Surrender forms shall be maintained in a separate file designated for the purpose, shall be confidential and shall not be inspected by anyone else without the written approval of a court with domestic relations jurisdiction where the file is maintained. T.C.A. § 36-1-111(p)(2)(B).

NOTES TO THE COURT IN TENNESSEE WHERE THE SURRENDER IS FILED:

- Parts I and II of the surrender form received pursuant to T.C.A. § 36-1-111(h) must be filed in the Chancery, Circuit, or Juvenile Court where the child resides or, pursuant to T.C.A. § 36-1-111(q)(3), in the court which placed custody with the LCPA or the Tennessee Department of Children's Services within fifteen (15) days of the actual receipt of the Surrender or within fifteen (15) days of the date the child or persons to whom the child is surrendered become residents of Tennessee, whichever is earlier. T.C.A. § 36-1-111(q)(1).
- When applicable, all provisions of Section B. must be completed before entry of an Order of Full or Partial Guardianship. T.C.A. § 36-1-111(k), (m) and (o). Section B.4 does not have to be completed by Tennessee Department of Children's Services. T.C. A. § 36-1-111(n).
- The surrender itself is not sufficient to vest custody or quardianship authority with the Licensed Child-Placing Agency (LCPA) ary an -1-

Э.	or the Tennessee Department of Children's Services. T.C.A. § 36-1-111(r)(2). Upon satisfactory completion of the necessarequirements in Section B. below and execution of Parts I and II A., by the parent or legal guardian, the court shall enter a Order of Full or Partial Guardianship for the LCPA or the Tennessee Department of Children's Services. T.C.A. § 36-111(r)(6)(c). This should be done within thirty (30) days of the filing of the surrender. T.C.A. § 36-1-111(u).
NO.	TES TO THE CLERK IN TENNESSEE;
1.	The copies of the surrender filed by the licensed child-placing agency or the Tennessee Department of Children's Services shall be entered in a special docket for surrenders and shall be styled "In Re"and shall be
	(Child's Name)
	permanently filed by the court in a separate file for that purpose, and shall be confidential and shall not be inspected by anyone else without the written approval of the court. T.C.A. § 36-1-111(p)(1) and (2).
2.	Within five (5) days of the filing of the surrender in Tennessee, a certified copy of Parts I and II shall be sent, without cost, t Adoption Services, Tennessee Department of Children's Services, 436 6 th Avenue North, Nashville, TN 37243-1290. T.C.A. 36-1-111(p)(1), (2) and (4). Please certify the copies following the certifications by the out-of-state clerk.
	PART II
В.	ACCEPTANCE OF SURRENDER BY TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES OR A TENNESSEE LICENSED CHILD-PLACING AGENCY
STA	NTE OF) UNTY OF)

1.	I, _	, an authorized represen	stative of:					
	a.	Licensed Child-Placing Agency						
	b.	county Tennessee Department of Children's Services upon						
		execution of Parts I and IIA. by the parent or guardian named therein before Judge or Clerk of the Court						
	C.	named therein, accept the surrender of: Name of Child	DATE:					
	С.	Name of Child L	DATE					
		Please Print:						
		1 10000 1 111111	Name and Title of Authorized Representative					
		Signature.						
		Signature:	Signature of Authorized Representative					
			orginataro er y tamon zou representative					
	ST E	CTIONS 2a2d. MUST BE MARKED TO DESIGNATE THE AF XIST BEFORE THE SURRENDER CAN BE RECEIVED BY TO	HE COURT:					
	or t	he						
		Tennessee Department of Children's Services;						
	a.	That my agency has physical custody of this child; or						
	b.	That my agency has received the affidavit required by §	36-1-111 (d)(6) concerning the right to receive custody					
		from the surrendering parent or guardian within five (5) days of custodial parent or guardian to that effect has been attached						
	C.	My agency has the right to receive physical custody of						
		health care facility, and the affidavit of the custodial parent or guardian to this effect required by § 36-1-111 (d)(6)						
	d.	has been attached with the acceptance at this time; or That another person or agency has physical custody of the child. The affidavit of that person or agency						
	u.	agency required by § 36-1-111 (d)(6) which indicates their waiver of the right to custody of the child						
		upon entry of an order of guardianship pursuant to § 36-1-136	6(r) has been attached to the acceptance at this					
		time.						
		CTIONS 3. AND 4. <u>MUST</u> BE ANSWERED "YES" OR <u>MUST</u> I NDER IS COMPLETED BY THE COURT.	BE MARKED "NOT APPLICABLE" BEFORE THE					
3.	Yes heri	s ☐ No ☐ That if the Indian Child Welfare Act, 25 U.S.C. § 190 itage, there has been compliance with the Act. ☐ Not App	01 et seq., applies because of the child's Native American olicable					
4.	Yes	s □ No □ (Licensed Child-Placing Agency Only) I have pres	sented to the court a copy of the					
	Inte	Interstate Compact on the Placement of Child Form 100A for a child brought into Tennessee for						
	ado	adoption or foster care. If the ICPC Form 100A is not available, explain why this is not required.						
	<u> </u>	Not Applicable						
		FURTHER AFFIANT SAITH NOT.						
		This day of, 20						
		Please Print:						
		Name and title of author	ized representative of Tennessee Department of Children's Licensed Child-Placing Agency					

Swor	n to and subscribed before me this _	day of	, 20		
			NOTAF	RY PUBLI	C
Му с	ommission expires:	·			
		CERTIFICATIO	ON OF OUT-OF STATE CLERI	<u> </u>	
	Ι,		, Clerk of the		Court of
	by certify the foregoing copies of Parts the court.	County I and II of the	(Parish) Surrender Forms to be true and	(Na d accurate	ame of State) e copies of the documents filed
			Clerk of the		Court of
					County (Parish),
					· (See)
		CERTIFICAT	ION OF TENNESSEE CLERK		(Seal)
	ı		Clark of the		Court of
Form	is to be true and accurate copies of th			ng copies	Court of of Parts I and II of the Surrender
1 01111	is to be true and accurate copies of th	c documents in	Clerk of the		Court of
				C	ounty, Tennessee.
			PART III		(Seal)
		T.C	C.A. § 36-1-111(k)(3)		
STAT COU	re of nty of)			
Being	g duly sworn according to law affiant v	ould state:			
	I am: a. Mother:			or	
	b. Father:			or	
	c. Legal Guardian:			of:	
2.	a. Child's Name:				
	b. Child's Date of Birth:				
	c. Child's Place of Birth:				
	d. Child's Sex:e. Child's Race:				
3.	 I understand that contact with mediasses of eligible persons who, 				

- 3. a. I understand that contact with me may be requested by the child I am surrendering (adopted person) and by certain other classes of eligible persons who, as may be permitted by law, may have access to the sealed records, sealed adoption records or post adoption records and those records in any other information. Those eligible persons currently include the adopted person twenty-one (21) years of age or older or their legal representative, the adopted person's birth or adopted parents or step-parents, the birth or adopted siblings or lineal descendants twenty-one years of age or older of the adopted person, or their legal representatives. [T.C.A. § 36-1-127(c)]. The class of eligible persons may be revised periodically by changes to the law.
 - b. I understand that no contact, whether by personal contact, correspondence or otherwise shall be made in any manner whatsoever by those requesting persons or any agent or other person acting in concert with those requesting persons,

with any person eligible to file a contact veto except as permitted by law. The sealed adoption record or post-adoption record requested by eligible persons shall be made available to the requesting party only after completion by the requesting party of a sworn statement agreeing that he or she shall not contact or attempt to contact, in any manner, by themselves or in concert with any other persons or entities, any of the persons eligible to file a contact veto until the Department has completed a search of the Contact Veto Registry to determine the willingness of the person sought to have contact with the requesting party. [T.C.A. §§ 36-1-127(f); 36-1-130 and 36-1-131]. The person making contact in violation of the law shall be guilty of a Class B misdemeanor [T.C.A. § 36-1-132]. I also understand that should I be contacted after filing a contact veto, I shall have a cause of action in the Circuit or Chancery Court for injunctive relief and damages, including both compensatory and punitive damages, and attorneys fees against any person who has contacted, attempted to contact, or caused me to be contacted [T.C.A. § 36-1-132].

- 4. I understand that contact with me by an eligible person is governed by filing my intentions with the Contact Veto Registry.
- 5. By filing with the execution of this surrender, I understand there is no fee for filing with the Contact Veto Registry. However, should I choose not to file a contact veto at this time, but wish to do so later, I understand I may do so, but will be required to pay the necessary fees [T.C.A. § 36-1-129(b)]. I understand that should there be a request for contact with me and I have vetoed contact with any eligible person, I will be contacted and informed by the Department of Children's Services to determine my desires for contact at that time and will be given the opportunity to vary or modify my request. [T.C.A. § 36-1-130(b)(1)].
- 6. I understand that I may vary this contact veto by indicating my desires for contact, if any, with the eligible persons and the means of contact I wish to have with particular eligible persons. [T.C.A. § 36-1-111(k)(3)(B); § 36-1-127-36-1-131]. In doing so, I understand I must write to the address below and request the necessary forms to complete and file with the Contact Veto Registry:

CONTACT VETO REGISTRY
POST ADOPTION SERVICES
TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES
436 6th AVENUE NORTH
NASHVILLE, TENNESSEE 37243-1290

7. a. PLEASE COMPLETE THE FOLLOWING SO THAT YOU MAY BE LOCATED IN THE FUTURE BY THE DEPARTMENT CONCERNING YOUR INTENTIONS REGARDING CONTACT:

THIS INFORMATION MUST BE UPDATED WITH THE DEPARTMENT TO ENSURE THAT FUTURE CONTACT CAN BE MADE.

	Name (Including Birth &	Married Names)	(Street/Rural R	Route/P. O. Box)	
	(Town/City)		(State)	(Zip Code)	
	(Home Teleph	one No.)	(Work Telephone No.)	-	
b.		ss the department may us o, please share address to		ng your wishes regarding contact.	
	(Street/Rural Route/P. C). Box)	(Town/City)	(State)	
	(Zip Code)	(Work Telephone)	(Hon	ne Telephone)	
C.		o, please share the address	ontact may use to write to see to be used: (Town/City	, ,	
	(Zip Code)	(Work Telephone)	-,(Hon	ne Telephone)	
d.	YES □ NO □. If no	, may the listed telephon	artment may use to contac e numbers be shared with ny, that might be shared a	eligible persons requesting contact? YE	ës □
	(Work Telephone No.)	,	(Home Telephone No.)	_•	
a.	I wish to veto contact w	rith the adopted person a	nd all other classes of elic	gible persons, who may, as may be peri	mitted

by law, to have access to the sealed records, sealed adoption records or post adoption record to have contact with me.

	b.	lineal ancestors, and the spouse records opened. You may, how have to register a contact veto t	es of those persons so that they vever, exclude persons in those of hemselves or, upon location by the	atically applicable to your siblings, lineal descendants, cannot be contacted by a person eligible to have the classes from this automatic coverage so that they will be department, pursuant to a search request, they will only. Please indicate whether you wish to exclude any of
	C.	(2) My lineal descendants: Ye (3) My lineal ancestors: Ye (4) The spouses of: (a) siblings Ye (b) lineal descendants Ye	s	
		Please complete the following for	any known individuals:	
		Name	Relationship To Surrendering Person	Address Street., RR, P. O. Box, Town, State, Zip
	d.	(1) Any future siblings of the add(2) A current spouse Ye	es □ No □ Name of current spouses □ No □	se
Plea	ase c	omplete the following for any know	n individuals:	
		Name	Relationship To Surrendering Person	Address Street., RR, P. O. Box, Town, State, Zip
9.	a.			nd <u>ALL</u> other classes of eligible persons who, as may led adoption records or post adoption record to have
	b.	I wish to limit consent to certain	persons and only give consent for	r contact with the following classes of people:
		 (1) The adopted person (2) The adopted person's adoptiv (3) The adopted person's adoptiv (4) The adopted person's lineal of (5) The legal representatives of a 	ve siblings Yes □ No □	o -
	C.	If contact is limited to the legal re	presentative of certain classes of	persons, please describe:
10.	any	sh the following types of contact the limitations or qualifications to the sephone [Image: Limitation of the sephone of the	e methods of contact)	act with me: (Please check all that apply and indicate

i cisoriai coritact, pri	nannounced	a phone or correspo	ndence 🗖	
Personal contact three regarding how to cor		live name, relationship	to you, if any, and information to be release	ed
Other information I winformation to be pro-		to any eligible persons	(please identify to whom and the contents	of th
	contact with any other eligible p ecision, please share that inforn		re a statement of your feelings, or circumst	ance
I hereby request the Department of Childs		th the Contact Veto R	Registry at the Post Adoption Services U	nit c
FURTHER AFFIANT	SAITH NOT.			
This the	day of, 20_	·		
Signature:	Biological Legal	Mother		
	Biological Legal Legal Guardian	Father		
Sworn to and s	ubscribed to before me this	day of	, 20	
	Please Print:			
	ricuse rinit	Chancellor, _	Judge, or Clerk of the	
			Court of	
		County or Parish		
		County or Parish	n, of RRITORY)	
		County or Parish	n, of RRITORY)	
	Signature:	County or Parish (STATE OR TEI at	n, of RRITORY)	
	Signature:	County or Parish (STATE OR TEI at	RRITORY) (CITY)	

Clerk of the		Court of
State of		County
	(Seal)	

PART IV

REVOCATION OF SURRENDER BY A PARENT OR GUARDIAN

ST/	ATE C	DF Y OF			
Bei	ng du	lly sworn according to law affiant wou	ld state:		
1.	I am	n:			
	a.	Mother:	, or		
	b.	Father:	, or		
	c.	Legal Guardian:	, of:		
2.		Child's Name:			
	b.	Child's Date of Birth:			
	C.	Child's Place of Birth.			
	d.	Child's Sex:			
	e.	Child's Race:			
3.	On #2 ta. b. c.	to: Prospective Adoptive Parent(s) Licensed Child-Placing Agency	e), I executed a surrender of my parental or gua		ımed in
4.	The	e surrender was executed before:	(Name of Judge or Clerk and Name of Cou	urt)	-
5.	I he	ereby revoke and void the surrender o	f the above-named child.		
		FURTHER AFFIANT SAITH NOT.			
		This theday of	, 20		
		Biological Legal	Legal Mother Father		
		Sworn to and subscribed before me	e this day of, 20		
		This Revocation of Surrender was r	eceived by me on the day of	, 20	
		Please Print:	Chancellor, Judge, or Clerk of Cof County, State		
		Signature (See	e notes below):		
			Chancellor Judge or Clerk of Co	OUT OF RECORD	

NOTES TO COURT, OR OTHER PERSON AUTHORIZED TO RECEIVE A REVOCATION, AND TO THE CLERK:

1. If the judge or other person who received the surrender is unavailable or absent, the successor or substitute to that judge or person may accept the revocation, or in the absence of the judge or his or her successor, another judge with jurisdiction to receive a surrender (in another state or territory this would be the chancellor, judge, or clerk of a court of record) may accept the revocation. In the event the surrender was taken in another state or country, or before the warden of a state or federal penitentiary and there is no authorized successor to the person who received the surrender or that person is unavailable, the revocation may be taken by a court in Tennessee which is qualified to receive a surrender or by a court in another state, territory, or country with domestic relations jurisdiction to accept the revocation. T.C.A. § 36-1-112(a)(1).

- 2. The surrender must be revoked within ten (10) days including Saturdays, Sundays and legal holidays following the original execution of the surrender. T.C.A. § 36-1-112(a)(1). The revocation period will begin on the day following the signing of the surrender and will expire on the tenth (10th) day. If the tenth (10th) falls on a Saturday, Sunday or legal holiday, the last day for revocation will be the next day which is not a Saturday, Sunday or legal holiday.
- 3. The court or person receiving the revocation shall maintain the originals in the office of the clerk or the person receiving the surrender together with the original of the surrender or the adoption petition containing the parental consent, if available, and shall personally give, or by certified mail, return receipt requested, send certified copies of the revocation to the child's parent(s) or legal guardian(s), and to the prospective adoptive parents or the local office of the Tennessee Department of Children's Services or the licensed child-placing agency to whom the child was surrendered. See, T.C.A. § 36-1-112(c)(1).
- 4. a. A certified copy of the revocation shall be attached to a certified copy of the surrender or the petition for adoption containing the parental consent, and the clerk shall send these, within three (3) days by certified mail, return receipt requested to:

Tennessee Department of Children's Services Central Office Adoption Services 436 6th Avenue North Nashville, TN 37243-1290

See, T.C.A. § 36-1-112(c)(2).

- b. Please provide the certification on the page following this Revocation form.
- 5. If the revocation must be executed before a court or person before whom the surrender was not executed or in which the adoption petition was not filed, the original of the revocation shall be sent within three (3) days to the court or person before whom the surrender was executed or where the adoption petition was filed and that court or person shall be responsible for sending the forms to the Tennessee Department of Children's Services Central Office and to the persons or agencies in #3 entitled to copies of the revocation. See, T.C.A. § 36-112(c)(2)(B).

CERTIFICATION

l,	, Clerk of the County, State of		copy of the Revocation
rrender to be a true and ac	curate copy of the Revocation of Surrender ex		opy of the Hovedanen
	Cler	k of the	Court of
		k of thee of	Court of County,

Authority: T.C.A. §§ 4-5-201, et seq., 36-1-111, 36-1-112, 36-1-125, 36-1-141, Public Chapter 532 (1995), and Executive Order #6, January 12, 1996. Administrative History: Original rule filed September 7, 2001; effective November 21, 2001. Emergency rule filed September 11, 2015; expired March 9, 2016.

0250-07-13-.06 SURRENDER DOCUMENTS FOR USE IN SURRENDERS DIRECTLY TO PROSPECTIVE ADOPTIVE PARENTS IN A COURT IN ANOTHER STATE OR TERRITORY.

(1) The following form is composed of four parts (4) making a complete package which must be used at the time of surrender of child for adoption in a court in another state or territory directly to prospective adoptive parents. Parts I and II A. and III should be completed at the time of the surrender. Part II B. should be completed by the prospective adoptive parents prior to sending the form to the court out of state for completion of the surrender. Copies of Parts I and II should be given to the person executing the surrender and to the prospective adoptive parents. Copies of Part III should be given to the person executing the surrender and should

be sent directly to the Department by the Clerk. Part IV, the revocation of surrender, which is part of the package, must be given to the parent or guardian at the time of the surrender.

- The requirements for execution and processing of the forms are contained in T.C.A. §§ 36-1-(2)111 and 36-1-112 and are noted in summary manner on the forms.
- The information in these forms is confidential and is not to be released without the written approval of the court with domestic relations jurisdiction where the file is maintained.
- (4) Form:

FORMS FOR SURRENDER OF CHILD BY A PARENT OR GUARDIAN IN ANOTHER STATE OR TERRITORY DIRECTLY TO PROSPECTIVE ADOPTIVE PARENTS

PART I

PRE-SURRENDER INFORMATION

The following information is required by Tennessee Code Annotated § 36-1-111 and must be obtained under oath by the Court of Record or Clerk of Court of Record in another State or Territory where executed prior to execution of the surrender in PART II by the parent or legal guardian:

Pseudonyms must not be used nor may spaces for the identities of persons whose names are known be left blank. The court shall require the persons executing these documents to prove their identities satisfactorily to the court. T.C.A. § 36-1-111(g).

ST/ CO	ATE UNT	OF_ Y OF)	
Bei	ng d	uly sw	orn according to law, affiant would state:	
1.	laa.b.c.	Mot Fath Leg Chil Chil	her:	
•	d. e.	Chil	d's Place of Birthd's Sexd's Race	
3. 4. chil	Sta		d was born in wedlock □/ out of wedlock□. e names and relationships of any other legal/biological parent, legal guardian or possible biological parent	nt for this
	a.	(1) (2) (3) (4) (5) (6)	Name:	
	b.	(1) (2) (3) (4) (5) (6)	Name: Relationship to the child: Address City, State Zip Telephone Number: Home: Work: Other identifying information concerning the above identified other legal or biological parent/legal quardian.	and

										and
	C.	(1) (2)	Name:	the ch	ild:				_	
		(3)	Address						_	
		1 1	City, State Zip		Home:				_	
		(5) (6)						her legal or biologi	_ ical	
		. ,	parent/legal gu	ardian.						
5.	The	iden	tity is unknown fo	or the o	other:					
J.	a.		,		No □					
	b.				No □					
	c. d.			res ⊔ Yes □	No □ No □					
6.	The		reabouts is unkn	own fo	r the other:					
	a.		p		No □_					
	b. c.		0 1	Yes □ Yes □						
	d.			Yes 🗖						
7.	biol is b	ogica	l parent/legal gu	ardian	has been() or	will be given(_	_) to the p	prospective adoptive	istory concerning to we parents to whom orney for the pros	the above child
8.	Info	rmati	on Concerning C	child's l	Native American	Heritage:				
	a.	If no	o, go to # 9.		ve American her	J	No 🗖			
	b. c.	If ye	es, are you eligib es, give name of	le for ti	ibal membership	o? Yes □	No □			
	d.	Are	you registered w	ith a N	lative American t	ribe? Yes 🗖	No □			
	e.		es, give name of		al membership?		Yes □	No □		
	f. g.		es, give name of		ai membership?		res 🗆	NO L		
	ĥ.	Has	your child been	registe	ered with a Native	e American tribe	e?	Yes □ No □		
	i j.		es, give name of s information is u			Yes □	No □			
_	•									
9.	a.	VVIII	this child be ser Yes ☐ No ☐		f Tennessee to a to #10.	another state or	country f	or adoption?		
	b.	If ye	es, name of state	or cou	intry.					
	c.	If ye	es, Tennessee la	w will (govern the interp	retation of this	surrender			
10.		he ab Yes If no		or pla	cement of this ch			uneration of thing	of value in connect	ion with the birth
			Amount					Date	Туре	
		_	Paid		To Whom	By Whon	<u> </u>	Received/Paid	Service/Cost	:

11	a.	Does the child own any real or personal property? Yes ☐ No ☐ If yes, please describe the property owned and give the property value:
	b.	Is it expected that the child will become possessed of any real or personal property? Yes No If, please describe property, who currently owns the property, the time and circumstances under which the child becomes owner and give the property value:
12.	a.	Do you currently have: Only legal custody of the child? Yes No Only physical custody of the child? Yes No Both legal and physical custody of the child? Yes No No Only physical custody of the child?
	b.	If another person(s) holds legal custody of the child at this time, give the following information: Name: Relationship, if any, to you or the child: Address: (Street, RR, P.O. Box) (Town/City) (State) (Zip) Telephone Number (Home) (Work)
	c.	If another person(s) holds physical custody of the child at this time, give the following information: Name: Relationship, if any, to you or the child: Address:
	d. e.	Telephone Number (Home) (Work) Is the person(s) who holds custody the prospective adoptive parent? Yes No II If a licensed child placing agency, the Tennessee Department of Children's Services or another State agency holds physical and/or legal custody of your child, give the following information: Name of Agency: Street/Rural Route/P.O. Box:
	f. g.	Town/City: State: Zip: Do you intend to give custody to the prospective adoptive parents? Yes No Explain any other circumstances regarding the custody status of this child:
13	a.	Are you aware of assistance which may be available to you to care for the child should you desire to parent this child? Yes \square No \square
	b.	Do you desire counseling regarding such assistance which may be available to you or regarding other issues concerning adoption or parenting from a social services agency or licensed counselor concerning the decision to place this child for adoption? Yes No
	C.	Have you requested the prospective adoptive parents to provide such counseling for you? Yes □ No □ If not, go to #14.
14.	d. a.	If so, has such counseling been made available to you by the prospective adoptive parents? Yes □ No □ Do you desire to be represented by legal counsel at this surrender proceeding? Yes □ No □
	b. c.	If not, do you desire to consult with legal counsel prior to the execution of the surrender of the child? Yes No Have you requested the prospective adoptive parents to provide such counseling for you? Yes No If not, go to #15.
	d.	If so, has such counseling been made available to you by the prospective adoptive parents? Yes □ No □

15.	as p	arent of t	he child in ar	y mannei	r whatsoever f	orever, that your rig		you will have no right to act es to and with the child will]
16.	a.	you sign	the surrend	er, you m	ay revoke or	cancel this surrend		ten (10) days from the date called a <u>REVOCATION OF</u> Yes No
	b.	day or (I	Mo/Day/Yr)day for revocation this case,	rrender v <u>T</u> cation will	vill begin on he revocation. I be the next	the day following period is ten (10) of If the tenth (10th) of day which is not a	the signing of the calendar days and will day falls on a Saturda	, the period of surrender, or (Mo/Day/Yr) expire on the tenth (10th) y, Sunday or legal holiday, legal holiday. If this is the restand this?
	C.	prospec unless t that you	tive adoptive he court find: may contest	parents that to c	will be requir to so will likel sion not to retu	ed to return the cly result in immedia	hild, <u>if</u> you currently te harm to the health	ne ten (10) day period, the have custody of the child, and safety of the child, and al counsel to represent you
17.	suri	render th		ed child				other person(s) desire to dopted by the prospective
FUF	THE	R, AFFIAI	NT SAITH NO	Т.				
		This the	day of		_20			
	Sig	nature:	Biological Biological	_ Legal _ Legal	_ Mother _ Father			
			Legal Guardi	an of				_ of
		Sworn to	and subscribe	ed before r	me this the	, 20_	Name of C	hild
	Please Print:			Chancellor,J	udge, of a Court of Rec	ord of the		
						County or Parish, (State or Territory)	of	f,
						(City)	, 	
			Sig	gnature:		Chancellor Or Jud	ge Of Court Of Record	Named Above
				C	OR BY A CLER	K OF A COURT OF	RECORD:	
			Ple	ease Print				
			Co	Na urt Of		f Court Of Record Of		
					rish Of ate Or Territory		(City)	
			Sig	gnature:		Clerk Of Court Of		
						PART II	rcoord	
A.						AN IN ANOTHER ST		
QT.		TERRITO F TENNE		.T 10 PR		DOPTIVE PARENTS	•	
)			

4. I understand that by signing this document, I will not be entitled to any notice, legal or otherwise, of any other legal proceedings for the adoption of my child by other persons.

5. a. I have read and fully understand Part I of this document and fully understand that if I change my decision to surrender this child I must do so by ______(Date from # 16b. of Part I) by presenting the Revocation of Surrender Form, attached to this document, to the judge who is conducting this proceeding, or his or her successor.

b. By my signature to this part, I acknowledge receipt of a copy of the Revocation of Surrender form.

6. I FREELY AND VOLUNTARILY, WITHOUT DURESS OF ANY KIND, SURRENDER ALL OF MY PARENTAL OR GUARDIANSHIP RIGHTS TO ______ (CHILD'S NAME)

TO:

a. Prospective Adoptive Mother______
b. Prospective Adoptive Father_____

FURTHER AFFIANT SAITH NOT.

This the ____ day of _______, 20_____.

 Signature:
 Biological___ Legal___
 Mother ______

 Biological__ Legal___
 Father ______

 Legal Guardian
 Legal Guardian

Sworn to and subscribed before me this the ____ day of _____, 20__.

Please Print:____Chancellor,__ Judge, of Court of Record of

Parish, of ______ Court of _____ County or [State Or Territory]

(City)

Signature:

Chancellor or Judge of Court of Record Named Above

*See Notes Below Before Signing

OR BY A CLERK OF A COURT OF RECORD:

Please Print:

Name Of Clerk Of Court Of Record Of The

Court Of

Parish Of

Parish Of

	(State Or Territory)	(City)
*See Notes Below Before Signing	Signature:Clerk Of Court Of Record	

NOTES TO COURT OR OTHER PERSONS AUTHORIZED TO TAKE THE SURRENDER IN SECTION A:

- 1. A minor may complete the surrender to any person eighteen (18) years of age or older. T.C.A. § 36-1-110.
- 2. A separate medical/social history form for the child, the child's parent(s), and biological relatives must be completed under oath prior to execution of the surrender. T. C. A. 36-1-111(k).
- 3. When applicable, as noted above., all provisions of Section B. must be completed prior to your signing of the Surrender in Section A. T. C. A. 36-1-111(k), (m) and (o).
- 4. Certified copies of Parts I and IIA must be given or sent to the person(s) executing the surrender. Certified copies of Parts I, IIA and B are to be given to the prospective adoptive parents as noted in the Acceptance portion in Part B. Please certify the copies of Parts I and II on the page following Part II. Costs of copies may be taxed only to the prospective adoptive parents who receive the surrender. T.C. A. § 36-1-111(p)(1). Part III should be certified on the page following Part III and sent to: Adoption Services, Tennessee Department of Children's Services, 436 6th Avenue North, Nashville, TN 37243-1290.
- 5. The originals of the Surrender forms shall be maintained in a separate file designated for the purpose, shall be confidential and shall not be inspected by anyone else without the written approval of a court with domestic relations jurisdiction where the file is maintained. T.C.A. § 36-1-111(p)(2)(B).

NOTES TO THE COURT IN TENNESSEE WHERE THE SURRENDER IS FILED:

- Parts I and II of the surrender forms received pursuant to T.C.A. 36-1-111(h) must be filed in the Chancery, Circuit, or Juvenile Court where the child or the prospective adoptive parent(s) within fifteen (15) days of the actual receipt of the Surrender or within fifteen (15) days of the date the child or persons to whom the child is surrendered become residents of Tennessee, whichever is earlier. T.C.A. 36-1-111(q)(1).
- 2. When applicable, all provisions of Section B. must be completed before entry of an Order of Full or Partial Guardianship. T.C.A. 36-1-111(k), (m) and (o).
- 3. The surrender itself is not sufficient to vest custodial or guardianship authority with the prospective adoptive parents. T.C.A. 36-1-111 (r)(2). Upon satisfactory completion of the necessary requirements in Section B. and execution of Parts I and II A. by the parent(s) or legal guardian, the court may enter an Order of Full or Partial Guardianship for the Prospective Adoptive Parent. T.C.A. § 36-1-111(r)(6)(C). This should be done within thirty (30) days of the execution of the surrender. T.C.A. 36-1-111(u).
- 4. If a full home study of the prospective adoptive parent(s)' home has not been conducted within six (6) months of the date of the execution of this surrender, the court shall, if the surrender is to persons who are not related [T.C.A. 36-1-102(39)] to the child, issue an Order of Reference for such home study to, and shall order supervision of the child in the home of the prospective adoptive parents by, a licensed child-placing agency, a licensed clinical social worker, or if the prospective adoptive parents are indigent under Federal Poverty Guidelines, to the Tennessee Department of Children's Services. The home study is to be returned to the court within sixty (60) days. See, T.C.A. 36-1-111(t).

NOTES TO THE CLERK IN TENNESSEE;

- 1. The copies of the surrender filed by the prospective adoptive parent(s) shall be entered in a special docket for surrenders and shall be styled "In Re ________" (Child's Name) and shall be permanently filed by the court in a separate file for that purpose, and shall be confidential and shall not be inspected by anyone else without the written approval of the court. T.C.A. 36-1-111(p)(1) and (a).
- Within five (5) days of the filing of the surrender in Tennessee, certified copies of Parts I and II of the surrender shall be sent, without cost, to: Adoption Services, Tennessee Department of Children's Services 436 6th Avenue North, Nashville, TN 37243-1290. T.C.A. § 36-1-111(p)(1), (2) and 4. Please Certify the copies following the certification by the out-of-state clerk.

В.	ACCEPTANCE OF SURRI	ENDER BY PROSPECTIVE ADOPTIVE PARENTS
STA	ATE OF)

COUNTY OF

		Being duly sworn according	ng to law, affiant(s) would s	tate:	
1.	a. b. c.	I am Prospective Adoptive Mot Prospective Adoptive Mot	ther's Date of Birth	, Prospective Adop	tive Mother.
2.	d. a.	Prospective Adoptive Mot	her's Address	, Prospective Adop	
۷.	b. c. d.	Prospective Adoptive Fatl Prospective Adoptive Fatl	her's Date of Birth her's Marital Status her's Address		
3.	Upo Sta	te or Territory where the su	rrender is accepted	agree to assume re (I/We)	a Judge or Clerk of a Court of Record in the sponsibility for obtaining guardianship of 30) days of the date of this surrender
		(Name of Child)	we agree, therefore, to be	•	custody, financial support, medical care,
4.	Th	e following costs have beer	n paid by for activ (me/us)	vities involving the placem	ent of this child.
		Amount Paid	To Whom	Date Paid	Type Service/Cost
					Licensed Child Placing Agency
					Licensed Clinical Social Worker
					Legal Counsel
					Other Person/Organization Specify:
	_				Social Counseling Cost for Child's
	_				Parent/Legal Guardian Legal Counseling for Child's
					Parent/Legal Guardian Hospital or Medical Costs for the Birth of the Child
					Medical Care/Other Birth Related
					Expenses for Mother and/or Child Counseling Fees for Child
					Food, Maternity Clothing, Child's Clothing
	_				Housing and/or Utilities for Parent/Guardian
					Other Costs (Specify to Whom)
			MARKED TO DESIGNATE ENDER CAN BE RECEIVE		JATION. ONE OF THE FOLLOWING CLERK:
5.	a.	I/We have physi	cal custody of this child; or		
	b.		equired by § 36-1-111 (d)(6		legal guardian within five (5) days of this or guardian to this effect has been attached
	C.		f the custodial parent or gu		or her release from a hospital or health care red by § 36-1-111 (d)(6) has been attached
	d.	affidavit of the person or	or agency currently has phy agency required by § 36-1 dianship order pursuant to	-111 (d)(6) which indicate	I/We have attached to the acceptance, the es their waiver of the right to custody of the

SUBSECTIONS 6-9 $\underline{\text{MUST}}$ BE ANSWERED "YES" OR $\underline{\text{MUST}}$ BE MARKED "NOT APPLICABLE" BEFORE THE SURRENDER IS COMPLETED BY THE COURT OR CLERK:

6.	Yes $\ \square$ No $\ \square$ I/We have attached hereto a currently effective or my/our home conducted by a licensed child-placing agency, a licensed children's Services.	r updated home study or preliminary home study o clinical social worker, or the Tennessee Department o
7.	Yes \square No \square I/We have attached the the certificate of the complexes requested by the surrendering parent. See Item #s 13 and 14 in Part	letion of ()legal/()social counseling <u>if</u> counseling t l ¬Not Applicable.
8.	Yes ☐ No ☐ If the child is to be brought into Tennessee for foste ICPC 100A or other substitute form required for ICPC compliance or a s by the ICPC. ☐Not Applicable.	er care or adoption, I/we have attached a copy of the worn statement stating why such form is not required
9.	Yes ☐ No ☐ I/We have attached a statement that if the Indian because of the child's Native American heritage, there has been complia ☐Not Applicable.	Child Welfare Act, 25 U.S.C. § 1901 et seq. applies nce with the Act.
SUE	SSECTION 10 <u>MUST</u> BE ANSWERED "YES", OR ITEM b. <u>MUST</u> EXPLA	AIN HOW COMPLIANCE WILL BE EFFECTED:
10.	Yes ☐ No ☐ a. If the child is to be removed from Tennessee for adopt the Interstate Compact or the Placement of Children. ☐Not Applicable	
	b. If not, how will it be effected?	
	THE ASSIANT (O) CALTHAND	
	THER AFFIANT(S) SAITH NOT	
This	day of, 20	
		Signature of Prospective Adoptive Mother
		Signature of Prospective Adoptive Father
Swo	orn to and subscribed before me this day of	, 20
		NOTARY PUBLIC
Му	commission expires:	
	CERTIFICATION OF OUT-OF STA	TE CLERK
	I,, Clerk of the County (Parish), by certify the foregoing copies of Parts I and II of the Surrender Forms to the court.	ne Court of (Name of State) be true and accurate copies of the documents filed
	Clerk c	of the Court of County (Parish),
		(Seal)

CERTIFICATION OF TENNESSEE CLERK

	I, County, T	, Clerk of the	Court of
For	rms to be true and accurate copies of the documents file	ed with this Court.	
		01.1.4.1	0
		Clerk of the	o , -
			(Seal)
	2017407	PART III	
		VETO REGISTRATION A. § 36-1-111(k)(3)	
ST/	ATE OF) DUNTY OF)		
	ing duly sworn according to law affiant would state: I am:		
	a. Mother:	, or	
	b. Father: c. Legal Guardian:	, or of:	
2.	a. Child's Name:		
	b. Child's Date of Birth:		
	c. Child's Place of Birth: d. Child's Sex:		
	d. Child's Sex:e. Child's Race:		

- 3. a. I understand that contact with me may be requested by the child I am surrendering (adopted person) and by certain other classes of eligible persons who, as may be permitted by law, may have access to the sealed records, sealed adoption records or post adoption records and those records in any other information. Those eligible persons currently include the adopted person twenty-one (21) years of age or older or their legal representative, the adopted person's birth or adopted parents or step-parents, the birth or adopted siblings or lineal descendants twenty-one years of age or older of the adopted person, or their legal representatives. [T.C.A. § 36-1-127(c)]. The class of eligible persons may be revised periodically by changes to the law.
 - b. I understand that no contact, whether by personal contact, correspondence or otherwise shall be made in any manner whatsoever by those requesting persons or any agent or other person acting in concert with those requesting persons, with any person eligible to file a contact veto except as permitted by law. The sealed adoption record or post-adoption record requested by eligible persons shall be made available to the requesting party only after completion by the requesting party of a sworn statement agreeing that he or she shall not contact or attempt to contact, in any manner, by themselves or in concert with any other persons or entities, any of the persons eligible to file a contact veto until the Department has completed a search of the Contact Veto Registry to determine the willingness of the person sought to have contact with the requesting party. [T.C.A. §§ 36-1-127(f); 36-1-130 and 36-1-131]. The person making contact in violation of the law shall be guilty of a Class B misdemeanor [T.C.A. § 36-1-132]. I also understand that should I be contacted after filing a contact veto, I shall have a cause of action in the Circuit or Chancery Court for injunctive relief and damages, including both compensatory and punitive damages, and attorneys fees against any person who has contacted, attempted to contact, or caused me to be contacted [T.C.A. § 36-1-132].
- 4. I understand that contact with me by an eligible person is governed by filing my intentions with the Contact Veto Registry.
- 5. By filing with the execution of this surrender, I understand there is no fee for filing with the Contact Veto Registry. However, should I choose not to file a contact veto at this time, but wish to do so later, I understand I may do so, but will be required to pay the necessary fees [T.C.A. § 36-1-129(b)]. I understand that should there be a request for contact with me and I have vetoed contact with any eligible person, I will be contacted and informed by the Department of Children's Services to determine my desires for contact at that time and will be given the opportunity to vary or modify my request. [T.C.A. § 36-1-130(b)(1)].

6. I understand that I may vary this contact veto by indicating my desires for contact, if any, with the eligible persons and the means of contact I wish to have with particular eligible persons. [T.C.A. § 36-1-111(k)(3)(B); § 36-1-127-36-1-131]. In doing so, I understand I must write to the address below and request the necessary forms to complete and file with the Contact Veto Registry:

CONTACT VETO REGISTRY
POST ADOPTION SERVICES
TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES
436 6TH AVENUE NORTH
NASHVILLE, TENNESSEE 37243-1290

7. a. PLEASE COMPLETE THE FOLLOWING SO THAT YOU MAY BE LOCATED IN THE FUTURE BY THE DEPARTMENT CONCERNING YOUR INTENTIONS REGARDING CONTACT:

THIS INFORMATION MUST BE UPDATED WITH THE DEPARTMENT TO ENSURE THAT FUTURE CONTACT CAN BE MADE.

Name (Including Birth &	Married Name	es)	(Street/Rural Route/P	. O. Box)	
(Town/City)		(State)	(Zip Code)		.1
(Home Telephone	No.)	(Work Telephone	No.)		
Is this address an addre Yes □ No □ If no, ple			e to you concerning your	r wishes rega	rding contact.
(Street/Rural Route/P. 0	D. Box)		(Town/City)	(State)	-
(Zip Code)	(Work	Telephone)	(Home Tele	phone)	•
Is this address an addre address to be used:	ess a person re	equesting contact ma	y use to write to you? Y	′es □ No □.	If no, please share the
(Street/Rural Route/P. 0	D. Box)	,	(Town/City)	(State)	-
(Zip Code)	(Work T	elephone)	(Home Tele	phone)	÷
□.	ay the listed to	elephone numbers be	shared with eligible per	•	ing contact? YES ☐ NC
YES ☐ NO ☐. If no, m ☐.	nay the listed to	elephone numbers be if any, that might be		•	ing contact? YES ☐ NC
YES NO . If no, m If no, please list telepho (Work Telephone No.) I wish to veto contact v	nay the listed to ne number(s), with the adopte	if any, that might be (Home -	e shared with eligible per shared and used to con relephone No.) er classes of eligible pe	tact you.	nay, as may be permitte
YES NO . If no, m If no, please list telepho (Work Telephone No.) I wish to veto contact to by law, to have access . The filing of a contact lineal ancestors, and the records opened. You have to register a contact linear ancestor of the records opened.	with the adopte to the sealed weto by you me spouses of may, however, act veto thems	if any, that might be if any, that might be (Home of person and all other records, sealed adoption and the contact vet those persons so the exclude persons in selves or, upon locate	e shared with eligible per shared and used to con Telephone No.) er classes of eligible per otion records or post addresses of automatically applicable at they cannot be contact those classes from this ion by the department,	ersons, who noption record to your sibacted by a personal to a	nay, as may be permitte to have contact with me elings, lineal descendants erson eligible to have the coverage so that they will search request, they will you wish to exclude any contact.
YES NO . If no, m If no, please list telephore. (Work Telephone No.) I wish to veto contact or by law, to have access. The filing of a contact lineal ancestors, and the records opened. You have to register a contact have to register a contact these persons.	with the adopte to the sealed weto by you make spouses of may, however, act veto at the to the automatic come a	if any, that might be (Home of the person and all other records, sealed adopted akes the contact vet those persons so the exclude persons in the persons	e shared with eligible per shared and used to con Telephone No.) er classes of eligible per otion records or post address or automatically applicable at they cannot be contact those classes from this ion by the department, in 130(a)(6)]. Please indiction	ersons, who noption record to your sibacted by a personal to a	nay, as may be permitte to have contact with me dings, lineal descendants erson eligible to have the coverage so that they will search request, they will search request, they will
YES NO . If no, m If no, please list telephore. No.) If no, please list telephore. No.) I wish to veto contact to by law, to have access. The filing of a contact lineal ancestors, and threcords opened. You have to register a contact have to register a contact these persons. I wish to exclude from the contact to exclude from the contact to exclude from the contact the	with the adopte to the sealed veto by you make spouses of may, however, act veto thems ict veto at the terms are automatic conves in the sealed veto at the terms are automatic conves in the sealed veto at the sealed veto a	if any, that might be (Home) (Home) (Home) ded person and all other records, sealed adoption askes the contact vet those persons so the exclude persons in selves or, upon locatime. [T.C.A.§ 36-1-ontact veto the follow No □	e shared with eligible per shared and used to con Telephone No.) er classes of eligible per otion records or post address or automatically applicable at they cannot be contact those classes from this ion by the department, in 130(a)(6)]. Please indiction	ersons, who noption record to your sibacted by a personal to a	nay, as may be permitte to have contact with me dings, lineal descendants erson eligible to have the coverage so that they we search request, they we
YES NO . If no, m If no, please list telephore. (Work Telephone No.) I wish to veto contact to by law, to have access. The filing of a contact lineal ancestors, and the records opened. You have to register a contact these persons. I wish to exclude from the (1) My siblings: (2) My lineal descend: (3) My lineal ancestors.	with the adopte to the sealed veto by you may, however, act veto thems ct veto at the to the automatic converse ants:	if any, that might be (Home of the person and all other records, sealed adopted akes the contact vet those persons so the exclude persons in the persons	e shared with eligible per shared and used to con Telephone No.) er classes of eligible per otion records or post address or automatically applicable at they cannot be contact those classes from this ion by the department, in 130(a)(6)]. Please indiction	ersons, who noption record to your sibacted by a personal to a	nay, as may be permitted to have contact with most lings, lineal descendant erson eligible to have the coverage so that they we search request, they we
YES NO . If no, m If no, please list telephore No.) If no, please list telephore No.) I wish to veto contact to by law, to have access . The filing of a contact lineal ancestors, and the records opened. You have to register a contact have to register a contact these persons. I wish to exclude from the (1) My siblings: (2) My lineal descended.	with the adopte to the sealed veto by you make spouses of may, however, act veto thems at veto at the terms are automatic converses. Yes are yes results:	elephone numbers be if any, that might be if any if an	e shared with eligible per shared and used to con Telephone No.) er classes of eligible per otion records or post address or automatically applicable at they cannot be contact those classes from this ion by the department, in 130(a)(6)]. Please indiction	ersons, who noption record to your sibacted by a personal to a	nay, as may be permitted to have contact with mealings, lineal descendant terson eligible to have the coverage so that they we search request, they we

Please complete the following for any known individuals:

8.

		Name	Relationship To Surrendering Person	Address Street., RR, P. O. Box, Town, State, Zip
	d.	(1) Any future siblings of the	Yes ☐ No ☐ Name of cur Yes ☐ No ☐	No □. rrent spouse
		Please complete the following	for any known individuals:	
		Name	Relationship To Surrendering Person	Address Street., RR, P. O. Box, Town, State, Zip
9.	a. b.	be permitted by law, to have contact with me.	access to the sealed record	rson) and ALL other classes of eligible persons who, as may ds, sealed adoption records or post adoption record to have sent for contact with the following classes of people:
	D.	 (1) The adopted person (2) The adopted person's ad (3) The adopted person's ad (4) The adopted person's line (5) The legal representatives 	yes □ optive parents optive siblings Yes □ eal descendants Yes □	No Yes No Yes No No
	C.	If contact is limited to the lega	representative of certain clas	sses of persons, please describe:
10.	any Tele Lett	limitations or qualifications to the ephone	nese methods of contact)	ng contact with me: (Please check all that apply and indicate
	Per Per	sonal contact, prearranged with	me □, either via phone □ or	correspondence relationship to you, if any, and information to be released
11.		er information I wish to have re	eleased about me to any eligi	ble persons (please identify to whom and the contents of the
	_			

12.			vish no contact your decision,				wish to share a state	ement of yo	ur feelings, or ci	cumstances
	_									
13.			uest that this of Children's Se		be filed wit	h the Conta	ct Veto Registry at	the Post A	doption Services	Unit of the
FU	RTH	ER AFFIAI	NT SAITH NOT							
Thi	s the	da	y of	, 20	<u>.</u>					
Sig	jnatu	ire:	Biological	_ Legal	Father					
Sw	orn to	o and subs	cribed to befor	e me this _	day o	of	, 20	_·		
					Please	e Print:				_
							Chancellor,	Judge, or Court	Clerk of the	
							County or Paris	h, of	of TE OR TERRITO	NDV)
							at			JRY)
								(CITY)	
					Signa	ture:	or, Judge or Clerk of	Court of Bo	aard Namad Aba	
						CERTIFICAT				
		I,	Co	unty, State	of	, Clerk of t	he , certify the foreg	oing copy o	Court of f Part III of the Su	urrender
For	ms t	o be a true	and accurate					,		
							Clerk of the State of			Court of
									(Seal)	
						PART IV	•			
			I	REVOCATION	ON OF SUR	RENDER BY	' A PARENT OR GU	ARDIAN		
ST/ CO	ATE UNT	OF Y OF)					
Bei	ng d	uly sworn a	according to lav	v affiant wo	uld state:					
1.	Lai	•	5							
••	a.	Mother:					, or			
	b. c.	Father: ₋ Legal G	uardian:				, or , of:	:		
2.		Child's N	lame:							
	C.	Child's F	Place of Birth: _							

	d.	Child's Sex:
	e.	Child's Race:
3.	On _ #2 to	(Date), I executed a surrender of my parental or guardianship rights to the child named in o:
	b.	Prospective Adoptive Parent(s) Licensed Child-Placing Agency Tennessee Department of Children's Services
4.	The	surrender was executed before: (Name of Judge or Clerk and Name of Court)
5.	I he	reby revoke and void the surrender of the above-named child.
FUF	RTHE	R AFFIANT SAITH NOT.
This	the .	day of, 20
		Signature: Biological Legal Mother Biological Legal Father Legal Guardian:
Swo	orn to	and subscribed before me this day of, 20
This	Rev	ocation of Surrender was received by me on the day of, 20
		Please Print: Chancellor, Judge, or Clerk of Court of Record of County, State of
		Signature (See notes below):
		Chancellor, Judge, or Clerk of Court of Record

NOTES TO COURT, OR OTHER PERSON AUTHORIZED TO RECEIVE A REVOCATION, AND TO THE CLERK:

- 1. If the judge or other person who received the surrender is unavailable or absent, the successor or substitute to that judge or person may accept the revocation, or in the absence of the judge or his or her successor, another judge with jurisdiction to receive a surrender (in another state or territory this would be the chancellor, judge, or clerk of a court of record) may accept the revocation. In the event the surrender was taken in another state or country, or before the warden of a state or federal penitentiary and there is no authorized successor to the person who received the surrender or that person is unavailable, the revocation may be taken by a court in Tennessee which is qualified to receive a surrender or by a court in another state, territory, or country with domestic relations jurisdiction to accept the revocation. T.C.A. § 36-1-112(a)(1).
- 2. The surrender must be revoked within ten (10) days including Saturdays, Sundays and legal holidays following the original execution of the surrender. T.C.A. § 36-1-112(a)(1). The revocation period will begin on the day following the signing of the surrender and will expire on the tenth (10th) day. If the tenth (10th) falls on a Saturday, Sunday or legal holiday, the last day for revocation will be the next day which is not a Saturday, Sunday or legal holiday.
- 3. The court or person receiving the revocation shall maintain the originals in the office of the clerk or the person receiving the surrender together with the original of the surrender or the adoption petition containing the parental consent, if available, and shall personally give, or by certified mail, return receipt requested, send certified copies of the revocation to the child's parent(s) or legal guardian(s), and to the prospective adoptive parents or the local office of the Tennessee Department of Children's Services or the licensed child-placing agency to whom the child was surrendered. See, T.C.A. § 36-1-112(c)(1).
- 4. a. A certified copy of the revocation shall be attached to a certified copy of the surrender or the petition for adoption containing the parental consent, and the clerk shall send these, within three (3) days by certified mail, return receipt requested to:

Tennessee Department of Children's Services Central Office Adoption Services 436 6th Avenue North Nashville, TN 37243-1290

See, T.C.A. § 36-1-112(c)(2).

b. Please provide the certification on the page following this Revocation form.

If the revocation must be executed before a court or person before whom the surrender was not executed or in which the adoption petition was not filed, the original of the revocation shall be sent within three (3) days to the court or person before whom the surrender was executed or where the adoption petition was filed and that court or person shall be responsible for sending the forms to the Tennessee Department of Children's Services Central Office and to the persons or agencies in #3 entitled to copies of the revocation. See, T.C.A. § 36-112(c)(2)(B).

CERTIFICATION

l,			urt of
		, certify the foregoing copy	of Part III of the Surrender
Forms to be a true an	d accurate copy of the document exec	uted before this Court.	
		Clerk of the	Court of
			County,
		State of	
			(Seal)

Authority: T.C.A. §§ 4-5-201, et seq., 36-1-111, 36-1-112, 36-1-125, 36-1-141, Public Chapter 532 (1995), and Executive Order #6, January 12, 1996. Administrative History: Original rule filed September 7, 2001; effective November 21, 2001. Emergency rule filed September 11, 2015; expired March 9, 2016.

0250-07-13-.07 SURRENDER DOCUMENTS FOR USE IN SURRENDERS TO A LICENSED CHILD-PLACING AGENCY OR THE TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES IN THESE MATTERS, BEFORE UNITED STATES FOREIGN SERVICE OFFICER OR OFFICER OF THE UNITED STATES ARMED FORCES IN A FOREIGN COUNTRY.

- (1) The following form is composed of four (4) Parts making a complete package which must be used at the time of surrender of child for adoption to a Tennessee Licensed Child-Placing Agency (LCPA) or the Tennessee Department of Children's Services (TDCS) before a United States Foreign Service Officer or Officer of the United States Armed Forces who is authorized to administer oaths. Parts I, II A. and III should be completed at the time of the surrender. Part II B. should be completed by the Department or LCPA prior to sending the form to the United States Foreign Service Officer or Officer of the United States Armed Forces who is authorized to administer oaths for completion of the surrender. Copies of Parts I and II should be given to the person executing the surrender and to Department or LCPA. Copies of Part III should be given to the person executing the surrender and should be sent directly to the Department by the Officer. Part IV, the revocation of surrender, which is part of the package, must be given to the parent or guardian at the time of the surrender.
- (2) The requirements for execution and processing of the forms are contained in T.C.A. §§ 36-1-111 and 36-1-112 and are noted in summary manner on the forms.
- (3) The information in these forms is confidential and is not to be released without the written approval of the court with domestic relations jurisdiction where the file is maintained.
- (4) Form:

FORM FOR SURRENDER OF A CHILD BY A PARENT OR GUARDIAN RESIDING OR TEMPORARILY RESIDING IN A FOREIGN COUNTRY

TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES OR A LICENSED CHILD-PLACING AGENCY

PART I

PRE-SURRENDER INFORMATION

The following information is required by Tennessee Code Annotated § 36-1-111 and must be obtained under oath by an officer of the United States Foreign Service or an officer of the United States Armed Forces authorized to administer oaths prior to execution of the surrender in PART II by the parent or legal guardian:

Note: Pseudonyms must not be used nor may spaces for the identities of persons whose names are known be left blank. The court shall require the persons executing these documents to prove their identities satisfactorily to the court. T.C.A. § 36-1-111(a)

COL	ırt sha	all req	uire the persons executing these documents to prove their identities satisfactoril	y to the court. T.C.A.	§ 36-1-111
			F) IER LOCATION)		
Bei	ng du	ıly sw	orn according to law, affiant would state:		
1.	l ar	n:			
•	a.	Mot	her: (Date of Birth)	,or	
	b.	Fath	ner: (Date of Birth)	,or	
	C.	Leg	al Guardian:(Date of Birth)	,of:	
2.	a.		d's Name		
	b.	Chil	d's Date of Birth		
	C.	Chil	d's Place of Birth		
	d. e.		d's Sexd's Race		
3.	Thi		d was born in wedlock □/ out of wedlock□.		
J.	1111	3 CHIIC	a was boilt in wediock by out of wediockb.		
4.	Sta chil		names and relationships of any other legal/biological parent, legal guardian or p	ossible biological pare	ent for this
	a.	(1)	Name:		
		(2)	Relationship to the child:		
		(3)	Address		
		(4)	City, State Zip		
		(5) (6)	Telephone Number: Home: Work: Other identifying information concerning the above identified other legal or biological description.		
		(0)	parent/legal guardian.		
					and
					ana
	b.		Name:		
		(2)	Relationship to the child:		
		(4)	AddressCity, State Zip		
		(5)	Telephone Number: Home:Work:	<u> </u>	
		(6)	Other identifying information concerning the above identified other legal or bioloparent/legal guardian.		
					and
	•	(4)	Name:		
	C.		Name:Relationship to the child:		
			Address		
		(4)	City, State Zip		
			Telephone Number: Home: Work:		

		(6)	Other identifyin parent/legal gua		nation concernin	g the a	above id	entified oth	ner lega	al or biological			
5.	The a. b. c. d.	Lega Biolo Lega	ogical parent Y al guardian Y	es 🗖	ther: No □ No □ No □ No □								
6.	The a. b. c. d.	Lega Biolo Lega	ogical parent al guardian	Yes □	No □ No □ No □								
7.	lega	al or	at all informatior biological paren or the Licensed	t/legal (guardian has be	en(_) or w	ill be give	n()	to the Tenne	ry concerni ssee Depa	ng the a artment o	bove-named of Children's
8.	Info	rmatio	on Concerning C	hild's N	lative American	Herita	ge:						
	a.		you or the child	of Nativ	e American heri	tage?	Yes □	No □					
	b.	If ye	o, go to # 9. es, are you eligibl		bal membership	?	Yes □	No □					
	c. d.	Are	s, give name of you registered w	ith a Na	ative American t	ribe?	Yes □	No □					
	e. f.	If ye	s, give name of our child eligible	tribe for triba	Il membership?		Yes □	No 🗖					
	g.	If ye	es, give name of your child been	tribe		Amar	rioon trib	o2 Voc. 🗖	l No 🗆				
	h. i.		s, give name of		eu wiin a naiive	Amer	ican ind	erres 🗆	I NO □				
	j.	This	information is u	nknown	.		Yes □	No □					
9.	a.	Yes		o, go to	#10.	nother	state o	country f	or adop	otion?			
	b.		s, name of state						_				
	C.	If ye	s, I understand	Tennes	see law will gove	ern the	interpre	tation of th	nis surre	ender.			
10.	of the Yes	ne abo la la la la go t	i been paid, rece ove-named child No ☐ to #11. ease complete th	or plac	ement of this ch	any mo	oney or adoptior	other remu 1?	uneratio	n of thing of v	alue in con	nection v	vith the birth
			Amount								Date		Гуре
		Г	Paid		To Whom			By Whon	n 	Receive	ed/Paid	Serv	ice/Cost
		-											
11.	a.		s the child own a the property val	•	or personal pro	perty?	Yes □	No □	If ye	es, please des	scribe the	property	owned and

	b.	Is it expected that the child will become possessed of any real or personal property? Yes \(\sigma \) No \(\sigma \)
	Б.	If, please describe property, who currently owns the property, the time and circumstances under which the child becomes owner and give the property value:
12.	a.	Do you currently have:
		Only legal custody of the child? Yes No Only physical custody of the child? Yes No O
	b.	Both legal and physical custody of the child? Yes No I lf another person(s) holds legal custody of the child at this time, give the following information: Name:
		Relationship, if any, to you or the child:
		Address:(Street, RR, P.O. Box) (Town/City) (State) (Zip)
	C.	Telephone Number (Home) (Work) If another person(s) holds physical custody of the child at this time, give the following information:
		Name: Relationship, if any, to you or the child:
		Address:(Street, RR, P.O. Box) (Town/City) (State) (Zip)
	d.	Telephone Number (Home) (Work) Is the person(s) who holds custody the prospective adoptive parent? Yes
	e.	If a licensed child placing agency, the Department of Children's Services or another State agency holds physical and/or legal custody of your child, give the following information:
		Name of Agency: Street/Rural Route/P.O. Box:
	f.	Street/Rural Route/P.O. Box: State: Zip: Town/City: State: Zip: Do you intend to give custody to the licensed child placing agency or the Tennessee Department of Children's Services?
	g.	Yes No Explain any other circumstances regarding the custody status of this child:
13	a.	Are you aware of assistance which may be available to you to care for the child should you desire to parent this child?
		Yes □ No □
	b.	Do you desire counseling regarding such assistance which may be available to you or regarding other issues surrounding adoption or parenting from a social service agency or licensed counselor concerning the decision to place this child for adoption?
	c.	Yes □ No □ Has such counseling been made available to you? Yes □ No □
14.		Do you desire to be represented by legal counsel at this surrender proceeding? Yes No I If not, do you desire to consult with legal counsel prior to the execution of the surrender of the child?
	b. c.	Yes No Has such counseling been made available to you? Yes No
4-		,
15.	as	you understand that if you sign the following surrender of the above-named child that you will have no right to act parent of the child in any manner forever, that your rights and responsibilities to and with the child will be ninated and that the child will become the legal child of other persons? Yes ☐ No ☐
16.	a.	If you sign the surrender of the above-named child, do you understand that within ten (10) days from the date you sign the surrender, you may revoke or cancel this surrender by signing a paper called a <u>REVOCATION OF SURRENDER</u> before the officer who is here today, or his or her successor? Yes No
	b.	By signing the surrender of the above named child on this date, (Mo/Day/Yr), the period of revocation of the surrender will begin on the day following the signing of the surrender, or (Mo/Day/Yr) The revocation period is ten (10) calendar days and will expire on the tenth (10th)
		day or (Mo/Day/Yr) If the tenth (10th) day falls on a Saturday, Sunday or legal holiday
		the last day for revocation will be the next day which is not a Saturday, Sunday or legal holiday. If this is the situation in this case, that date will be (Mo/Day/Yr) Do you understand this? Yes □ No □

	Tennessee Department of Children's Services or Licensed Child-Placing Agency will be required to return the child, <u>if</u> you currently have custody of the child, <u>unless</u> the court finds that to do so will likely result in immediate harm to the health and safety of the child, and that you may contest this decision not to return the child to you and you may have legal counsel to represent you in that proceeding? Yes No						
17.	Knowing the above, do you freely, voluntarily and without duress or pressure by any other person(s) desire to surrender the above-named child so that the child may be placed for adoption and adopted by other persons Yes ☐ No ☐						
	FURTHER, AFFIANT SAITH NOT.						
	This the day of 20						
	Signature: Biological Legal Mother Biological Legal Father Father Legal Guardian of of						
	Name of Child						
	Sworn to and subscribed before me this the day of, 20						
	Please Print:						
	Name and Title of Officer of the Foreign Service or the United Armed Forces Authorized to Administer Oaths						
	Signature:						
	Name and Title of Officer of the Foreign Service or the United Armed Forces Authorized to Administer Oaths						
	PART II						
A.	SURRENDER OF A CHILD TO AND ACCEPTANCE OF THE SURRENDER BY THE TENNESSEE DEPARTMENT CHILDREN'S SERVICES OR A LICENSED CHILD PLACING AGENCY BY THE PARENT OR GUARDIAN RESIDING OR TEMPORARILY RESIDING IN A FOREIGN COUNTRY						
	UNITEW OF						
CIT	UNTRY OF:) 'Y OR OTHER LOCATION:)						
	Being duly sworn according to law ,affiant would state:						
1.	I am:						
	a. Mother: or						
	b. Father:, or c. Legal Guardian: of:						
2.	a. Child's Name: b. Child's Date of Birth:						
	c. Child's Place of Birth:						
	d. Child's Sex:						
	e. Child's Race:						
3.	I understand that by my signature to this document, all of my parental or guardianship rights to the child named above will be forever terminated and ended; that this child will be placed for adoption by						
	by the Tennessee Department of Children's Services and that the child will be adopted by other persons, and that I will						
	have no further right to see this child, or to act as parent of this child, or to otherwise be involved in the life of this child.						

c. Do you understand that if you do sign the Revocation of Surrender form within the ten (10) day period, the

4.	I understand that by signing this document, I will not be entitled to any notice, legal or otherwise, of any	other legal
	proceedings for the adoption of my child by other persons.	

- 5. a. I have read and fully understand Part I of this document and fully understand that if I change my decision to surrender this child I must do so by ______(Date from # 16b. of Part I) by presenting the Revocation of Surrender Form, attached to this document, to the officer who is conducting this proceeding, or his or her successor.
 - b. By my signature to this part, I acknowledge receipt of a copy of the Revocation of Surrender form.

6.	I FREELY AND VOLUNTARILY, WITHOUT DURESS OF ANY KIND, SURRENDER ALL OF MY PARENTAL OR GUARDIANSHIP RIGHTS TO							
	TO:	(CHILD'S NAME)						
	a. b.	Licensed Child-Placing AgencyTennessee Department of Children's Services			(Name of LCPA) Please check if applicable.)			
		FURTHER AFFIANT SAITH NOT.						
		This the day of, 20						
		Signature:	Biological, Leg	jal	Father			
Sworn to and subscribed before me this the day of, 20								
					Please Print: Name and Title of Officer of the Foreign Service or the United Armed Forces Authorized to Administer Oaths			
*See Notes Below Before Signing					Signature: Name and Title of Officer of the Foreign Service or the United Armed Forces Authorized to Administer Oaths			

NOTES TO THE U. S. FOREIGN SERVICE OFFICER OR OFFICER OF THE UNITED STATES ARMED FORCES AUTHORIZED TO TAKE THE SURRENDER IN SECTION A:

- 1. A minor may complete the surrender to any person eighteen (18) years of age or older.
- 2. A separate medical/social history form for the child, the child's parent(s) and biological relatives must be completed under oath prior to execution of the surrender. T. C. A. § 36-1-111(k).
- 3. When applicable, as noted in Section B., all provisions of B. must be completed prior to your signing of the Surrender in Section A. T.C.A. § 36-1-111(k), (m) and (o). Section B.4. does not have to be completed by the Tennessee Department of Children's Services. T.C.A. 36-1-111(n).
- 4. Certified copies of Parts I and II must be given or sent to the person(s) executing the surrender and to the licensed child-placing agency or the Tennessee Department of Children's Services as noted in the Acceptance portion in Part B. Please certify copies of Parts I and II on the page following Part II. T.C.A. 36-1-111(p)(1). Part III should be certified on the page following Part III and sent to: Adoption Services, Tennessee Department of Children's Services, 436 6th Avenue North, Nashville, TN 37243-1290.
- 5. The originals of the Surrender forms shall be maintained in a separate file designated for the purpose, shall be confidential and shall not be inspected by anyone else without the written approval of a court with domestic relations jurisdiction where the file is maintained. T.C.A. § 36-1-111(p)(2)(B).

NOTES TO THE COURT IN TENNESSEE WHERE THE SURRENDER IS FILED:

1. Parts I and II of the surrender forms received pursuant to T.C.A. 36-1-111(i) must be filed in the Chancery, Circuit, or Juvenile Court where the child resides or, pursuant to T.C.A. 36-1-111(q)(3), in the court which placed custody with the LCPA or the Tennessee Department of Children's Services within fifteen (15) days of the actual receipt of the Surrender or within fifteen (15) days of the date the child or persons to whom the child is surrendered become residents of Tennessee whichever is earlier. T.C.A. 36-1-111(q)(1).

- 2. When applicable, all provisions of Section B. must be completed before entry of an Order of Full or Partial Guardianship. T.C.A. 36-1-111(k), (m) and (o). Section B.4 does not have to be completed by Tennessee Department of Children's Services. T.C. A. 36-1-111(n).
- 3. The surrender itself is not sufficient to vest custody or guardianship authority with the Licensed Child-Placing Agency (LCPA) or the Tennessee Department of Children's Services. T.C.A. 36-1-111(r)(2). Upon satisfactory completion of the necessary requirements in Section B. below and execution of Parts I and II A. by the parent or legal guardian, the court shall enter an Order of Full or Partial Guardianship for the LCPA or the Tennessee Department of Children's Services. T.C.A. 36-1-111(r)(6)(C). This should be done within thirty (30) days of the filing of the surrender. T.C.A. § 36-1-111(u).

NOTES TO THE CLERK IN TENNESSEE:

۱.	Ser	copies of the surrender forms filed by the licensed child-placing agency or the Tennessee Department of Children's vices with this court shall be entered in a special docket for surrenders and shall be styled Re " and shall be permanently filed by the court in a separate file for that purpose,
		(Child's Name) shall be confidential and shall not be inspected by anyone else without the written approval of the court. T.C.A. 36-1-(p)(1) and (2).
2.	sen 372	hin five (5) days of the filing of the surrender in Tennessee, a certified copy of Parts I and II filed with this court shall be t, without cost, to: Adoption Services, Tennessee Department of Children's Services, 436 6 th Avenue North, Nashville, TN 43-1290. T.C.A. § 36-1-111(p)(1)(2) and (4). Please Certify the copies on the page following the certification given by the certaking the surrender.
		PART II
3.		CEPTANCE OF SURRENDER BY LICENSED CHILD-PLACING AGENCY TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES
STA	TE C	OF)
co	UNT	DF) / OF)
		Being duly sworn according to law, affiant would state:
١.	I,	, an authorized representative of:
	a. b.	Licensed Child-Placing Agency; or the; or t
	C.	Name of Child DATE:
		Please Print:
		Name and Title of Authorized Representative
		Signature:
		Signature of Authorized Representative
ИU	ST E	CTIONS 2a2d. <u>MUST</u> BE MARKED TO DESIGNATE THE APPLICABLE SITUATION. ONE OF THOSE SUBSECTIONS XIST BEFORE THE SURRENDER CAN BE RECEIVED BY THE U.S. FOREIGN SERVICE OFFICER OR OFFICER OF S. ARMED FORCES:
2.	ı	certify on behalf of:
-		ensed Child-Placing Agency(Name of Agency);
	or th	
		Tennessee Department of Children's Services:
	a.	That my agency has physical custody of this child; or That my agency has respired the affidult required by \$ 36.1.111 (d)(6) concerning the right to receive custody from
	b.	That my agency has received the affidavit required by § 36-1-111 (d)(6) concerning the right to receive custody from the surrendering parent or guardian within five (5) days of the date of this surrender. The affidavit of the custodial parent or guardian to that effect has been attached with this acceptance at this time; or
	C.	My agency has the right to receive physical custody of the child upon his or her release from a hospital or health care facility, and the affidavit of the custodial parent or guardian to this effect required by § 36-1-111 (d)(6) has been attached with this acceptance at this time; or

d. ____ That another person or agency has physical custody of the child. The affidavit of that person or agency required by § 36-1-111 (d)(6) which indicates their waiver of the right to custody of the child upon entry of an order of guardianship pursuant to § 36-1-136(r) has been attached with this acceptance at this time.

SUBSECTIONS 3. AND 4. <u>MUST</u> BE ANSWERED "YES" OR <u>MUST</u> BE MARKED "NOT APPLICABLE" BEFORE THE SURRENDER IS COMPLETED BY THE U. S. FOREIGN SERVICE OFFICER OR OFFICER OF THE U. S. ARMED FORCES.

3.	Yes ■ No ■ That if the Indian Cl heritage, there has been compliand			cause of the child's Native American
4.	Yes □ No □ (Licensed Child-Platement of Child Form 100A for available, explain why this is not re	a child brought into	I have presented to the court a control of Tennessee for adoption or foster	copy of the Interstate Compact on the care. If the ICPC Form 100A is not
	□Not Applicable			
FUF	RTHER AFFIANT SAITH NOT.			
This	s day of	20		
	Please Print:		uthorized representative of Tennes or a Tennessee Licensed Child-Pla	
	Signature:			
Swo	orn to and subscribed before me this	day of	, 20	
			NOTARY PU	BLIC
Му	commission expires:	<u> </u>		
			. S. FOREIGN SERVICE OFFICE JNITED STATES ARMED FORCE	
	I,		an Officer of the U.S. Foreign Parts I and II of the Surrender For	Service oran Officer of the United ms to be true and accurate copies of
			Name and Title of U. S. Officer of the United Sta	Foreign Service Officer or ates Armed Forces
		CERTIFICATION	N OF TENNESSEE CLERK	
For	I,ns to be true and accurate copies o	County, Te		Court of jies of Parts I and II of the Surrender
			Clerk of the	Court of County, Tennessee.
				(Seal)

PART III CONTACT VETO REGISTRATION T.C.A. § 36-1-111(k)(3)

5 1.	AIE	OF)	
CC	TNU	Y OF)	
Bei	ng du I ar	uly sworn according to law affiant would state: m:	
	a.	Mother:	, o
	b.	Father:	, or
	C.	Legal Guardian:	of:
2.	a.	Child's Name:	
	b.	Child's Date of Birth:	
	C.	Child's Place of Birth:	
	d.	Child's Sex:	
	e.	Child's Race:	

- 3. a. I understand that contact with me may be requested by the child I am surrendering (adopted person) and by certain other classes of eligible persons who, as may be permitted by law, may have access to the sealed records, sealed adoption records or post adoption records and those records in any other information. Those eligible persons currently include the adopted person twenty-one (21) years of age or older or their legal representative, the adopted person's birth or adopted parents or step-parents, the birth or adopted siblings or lineal descendants twenty-one years of age or older of the adopted person, or their legal representatives. [T.C.A. § 36-1-127(c)]. The class of eligible persons may be revised periodically by changes to the law.
 - b. I understand that no contact, whether by personal contact, correspondence or otherwise shall be made in any manner whatsoever by those requesting persons or any agent or other person acting in concert with those requesting persons, with any person eligible to file a contact veto except as permitted by law. The sealed adoption record or post-adoption record requested by eligible persons shall be made available to the requesting party only after completion by the requesting party of a sworn statement agreeing that he or she shall not contact or attempt to contact, in any manner, by themselves or in concert with any other persons or entities, any of the persons eligible to file a contact veto until the Department has completed a search of the Contact Veto Registry to determine the willingness of the person sought to have contact with the requesting party. [T.C.A. §§ 36-1-127(f); 36-1-130 and 36-1-131]. The person making contact in violation of the law shall be guilty of a Class B misdemeanor [T.C.A. § 36-1-132]. I also understand that should I be contacted after filing a contact veto, I shall have a cause of action in the Circuit or Chancery Court for injunctive relief and damages, including both compensatory and punitive damages, and attorneys fees against any person who has contacted, attempted to contact, or caused me to be contacted [T.C.A. § 36-1-132].
- 4. I understand that contact with me by an eligible person is governed by filing my intentions with the Contact Veto Registry.
- 5. By filing with the execution of this surrender, I understand there is no fee for filing with the Contact Veto Registry. However, should I choose not to file a contact veto at this time, but wish to do so later, I understand I may do so, but will be required to pay the necessary fees [T.C.A. § 36-1-129(b)]. I understand that should there be a request for contact with me and I have vetoed contact with any eligible person, I will be contacted and informed by the Department of Children's Services to determine my desires for contact at that time and will be given the opportunity to vary or modify my request. [T.C.A. § 36-1-130(b)(1)].
- 6. I understand that I may vary this contact veto by indicating my desires for contact, if any, with the eligible persons and the means of contact I wish to have with particular eligible persons. [T.C.A. § 36-1-111(k)(3)(B); § 36-1-127-36-1-131]. In doing so, I understand I must write to the address below and request the necessary forms to complete and file with the Contact Veto Registry:

CONTACT VETO REGISTRY
POST ADOPTION SERVICES
TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES
436 6TH AVENUE NORTH
NASHVILLE, TENNESSEE 37243-1290

7. a. PLEASE COMPLETE THE FOLLOWING SO THAT YOU MAY BE LOCATED IN THE FUTURE BY THE DEPARTMENT CONCERNING YOUR INTENTIONS REGARDING CONTACT:

THIS INFORMATION MUST BE UPDATED WITH THE DEPARTMEN	NT TO INSURE THAT FUTURE CONTACT CAN BE
MADE.	

,	
Name (Including Birth & Married Names)	(Street/Rural Route/P. O. Box)

	(Town/City)	(State)	(Zip Code)		
	(Home Telephone No.)	(Work Telephor	ne No.)		
b.	Is this address an address the depart Yes □ No □ If no, please share add	your wishes regar	ding contact.		
	(Street/Rural Route/P. O. Box)		(Town/City)	(State)	-
	(Zip Code) (Work	Telephone)	(Home	Telephone)	
C.	Is this address an address a person readdress to be used:	equesting contact i	may use to write to yo	u? Yes □ No □.	If no, please share t
	(Street/Rural Route/P. O. Box)	,	(Town/City)	(State)	-
	(Zip Code) (Work	Telephone)	(Home	Telephone)	•
d.	Are the telephone numbers the numb YES ☐ NO ☐. If no, may the listed t ☐. If no, please list telephone number	elephone numbers	be shared with eligible	e persons request	ing contact? YES □
	(Work Telephone No.)	(Hom	e Telephone No.)		
a.	I wish to veto contact with the adopte by law, to have access to the sealed r				
b.	The filing of a contact veto by you ma lineal ancestors, and the spouses of t eligible to have the records opened. You so that they will have to register a con- request, will have to register a contact exclude any of these persons.	e contacted by a per this automatic cover pursuant to a search			
C.	I wish to exclude from the automatic (1) My siblings: Yes □ (2) My lineal descendants: Yes □ (3) My lineal ancestors: Yes □ (4) The spouses of: (a) siblings Yes □ (b) lineal descendants Yes □ (c) lineal ancestors Yes □	contact veto the foll No □ No □	lowing:		
	Please complete the following for any				
	Name	Relations Surrenderin		Address eet., RR, P. O. Bo	x, Town, State, Zip
d.	I wish to veto contact with: [T.C.A. (1) Any future siblings of the adopte (2) A current spouse Yes □ No □ (3) Future spouse of mine Yes □ (4) Any of my lineal descendants	Name of current sp	□ No □. pouse		

		Name	Relationship To Surrendering Person	Address Street., RR, P. O. B	ox, Town, State, Zip
9.	a.	I give consent for the child I am surrobe permitted by law, to have access contact with me.	endering (adopted person) are to the sealed records, seal	d <u>ALL</u> other classes of eli- ed adoption records or pos	gible persons who, as may st adoption record to have
	b.	I wish to limit consent to certain pers	ons and only give consent for	contact with the following of	classes of people:
		 The adopted person The adopted person's adoptive p The adopted person's adoptive s The adopted person's lineal deso The legal representatives of any 	iblings Yes □ No □ cendants Yes □ No □	 	
	C.	If contact is limited to the legal representation	entative of certain classes of p	persons, please describe:	
	Tele Lette Pers Pers Pers	limitations or qualifications to these metaphoneephoneeerseerseonal contact, unannouncedesonal contact, prearranged with me, sonal contact through another person. arding how to contact:	either via phone ☐ or corres	pondence	ation to be released
11.		er information I wish to have released a rmation to be provided):	bout me to any eligible perso	ns (please identify to whom	and the contents of the
12.		uld you wish no contact with any other ch impact your decision, please share th		share a statement of your	feelings, or circumstances
13.		ereby request that this information be artment of Children's Services.	filed with the Contact Veto	Registry at the Post Ado	ption Services Unit of the
FUF	THE	R AFFIANT SAITH NOT.			
This	the _	day of, 20	_·		
Sigı	natur	e: Biological Legal Biological Legal Legal Guardian	Mother Father		
Swo	rn to	and subscribed to before me this	day of	, 20	

		Please Print:	U.S. Foreign Service Officer or Officer of the U.S. Armed Forces
		01	o.e. Folloging contact of childer of the o.e. 7 timed to occ
		Signature:	U.S. Foreign Service Officer or Officer of the U.S. Armed Forces
			CERTIFICATION
loca	ation)	l,	, U.S. Foreign Service Officer/Officer of the U.S. Armed Forces of (please state, certify the foregoing copy of Part III of the Surrender Forms to be
a tr	ue an	d accurate copy of the document exec	tuted before me.
			U.S. Foreign Service Officer or Officer of the U.S. Armed Forces
			PART IV
		REVOCATION	OF SURRENDER BY A PARENT OR GUARDIAN
CO CIT	UNTF Y OR	RY OTHER LOCATION	
		Being duly sworn according to law affi	iant would state:
1.	I am	3 ,	
٠.	a.	Mother:	, or
	b.	Father:	, or
	c.	Legal Guardian:	, of:
2.	a.	Child's Name:	
	b.	Child's Date of Birth:	
	c.	Child's Place of Birth:	
	a.	Child's Sex:	
	e.	Child's Race:	
3.	On .	(Date)	, I executed a surrender of my parental or guardianship rights to the child named in
	#2 t	0:	
	a.	Prospective Adoptive Parent(s)	
	D. C.	Tennessee Department of Children's	Services
	C.	refinessee Department of Children's	Octivides
4.		surrender was executed before:	
	(Nai	me of U.S. Foreign Service Officer or C	Officer of the U.S. Armed Forces)
5.	I he	reby revoke and void the surrender of t	he above-named child.
FUI	RTHE	R AFFIANT SAITH NOT.	
		day of, 20	
Sig	nature	Biological Legal	Mother Father
Sw	orn to	and subscribed before me this da	ay of, 20
Thi	s Rev	ocation of Surrender was received by r	ne on the day of, 20
		Please Print: U.S. Fo	preign Service Officer or Officer of the U.S. Armed Forces
		5.5.16	g 21.7.00 4.1.00. 5. 4.1.05. 5. 4.10 5.5.7 4.1104 7 51000
		Signature (See notes below	
			U.S. Foreign Service Officer or Officer of the U.S. Armed Forces

NOTES TO COURT, OR OTHER PERSON AUTHORIZED TO RECEIVE A REVOCATION, AND TO THE CLERK:

- 1. If the judge or other person who received the surrender is unavailable or absent, the successor or substitute to that judge or person may accept the revocation, or in the absence of the judge or his or her successor, another judge with jurisdiction to receive a surrender (in another state or territory this would be the chancellor, judge, or clerk of a court of record) may accept the revocation. In the event the surrender was taken in another state or country, or before the warden of a state or federal penitentiary and there is no authorized successor to the person who received the surrender or that person is unavailable, the revocation may be taken by a court in Tennessee which is qualified to receive a surrender or by a court in another state, territory, or country with domestic relations jurisdiction to accept the revocation. T.C.A. § 36-1-112(a)(1).
- 2. The surrender must be revoked within ten (10) days including Saturdays, Sundays and legal holidays following the original execution of the surrender. T.C.A. § 36-1-112(a)(1). The revocation period will begin on the day following the signing of the surrender and will expire on the tenth (10th) day. If the tenth (10th) falls on a Saturday, Sunday or legal holiday, the last day for revocation will be the next day which is not a Saturday, Sunday or legal holiday.
- 3. The court or person receiving the revocation shall maintain the originals in the office of the clerk or the person receiving the surrender together with the original of the surrender or the adoption petition containing the parental consent, if available, and shall personally give, or by certified mail, return receipt requested, send certified copies of the revocation to the child's parent(s) or legal guardian(s), and to the prospective adoptive parents or the local office of the Tennessee Department of Children's Services or the licensed child-placing agency to whom the child was surrendered. See, T.C.A. § 36-1-112(c)(1).
- 4. a. A certified copy of the revocation shall be attached to a certified copy of the surrender or the petition for adoption containing the parental consent, and the clerk shall send these, within three (3) days by certified mail, return receipt requested to:

Tennessee Department of Children's Services Central Office Adoption Services 436 6th Avenue North Nashville, TN 37243-1290

See, T.C.A. § 36-1-112(c)(2).

- b. Please provide the certification on the page following this Revocation form.
- 5. If the revocation must be executed before a court or person before whom the surrender was not executed or in which the adoption petition was not filed, the original of the revocation shall be sent within three (3) days to the court or person before whom the surrender was executed or where the adoption petition was filed and that court or person shall be responsible for sending the forms to the Tennessee Department of Children's Services Central Office and to the persons or agencies in #3 entitled to copies of the revocation. See, T.C.A. § 36-112(c)(2)(B).

CERTIFICATION

	I,, U.S. Foreign Service Officer/Officer of the U.S. Armed Forces of (please state
location)	, certify the foregoing copy of the Revocation of Surrender to be a
true and	accurate copy of the Revocation of Surrender executed before me.
	U.S. Foreign Service Officer or Officer of the U.S. Armed Forces

Authority: T.C.A. §§ 4-5-201, et seq., 36-1-111, 36-1-112, 36-1-125, 36-1-141, Public Chapter 532 (1995), and Executive Order #6, January 12, 1996. Administrative History: Original rule filed September 7, 2001; effective November 21, 2001. Emergency rule filed September 11, 2015; expired March 9, 2016.

0250-07-13-.08 SURRENDER DOCUMENTS FOR USE IN SURRENDERS DIRECTLY TO PROSPECTIVE ADOPTIVE PARENTS BEFORE A UNITED STATES FOREIGN SERVICE OFFICER OR OFFICER OF THE UNITED STATES ARMED FORCES IN A FOREIGN COUNTRY.

- (1) The following form is composed of four (4) Parts making a complete package which must be used at the time of surrender of child for adoption directly to prospective adoptive parents before a United States Foreign Service Officer or Officer of the United States Armed Forces who is authorized to administer oaths. Parts I, II A. and III should be completed at the time of the surrender. Part II B. should be completed by the prospective adoptive parents prior to sending the form to the United States Foreign Service Officer or Officer of the United States Armed Forces who is authorized to administer oaths for completion of the surrender. Copies of Parts I and II should be given to the person executing the surrender and to the prospective adoptive parents. Copies of Part III should be given to the person executing the surrender and should be sent directly to the Department by the Officer. Part IV, the revocation of surrender, which is part of the package, must be given to the parent or guardian at the time of the surrender.
- (2) The requirements for execution and processing of the forms are contained in T.C.A. §§ 36-1-111 and 36-1-112 and are noted in summary manner on the forms.
- (3) The information in these forms is confidential and is not to be released without the written approval of the court with domestic relations jurisdiction where the file is maintained.
- (4) Form:

FORM FOR SURRENDER OF A CHILD BY A PARENT OR GUARDIAN RESIDING OR TEMPORARILY RESIDING IN A FOREIGN COUNTRY DIRECTLY TO PROSPECTIVE ADOPTIVE PARENTS

PART I

PRE-SURRENDER INFORMATION

The following information is required by Tennessee Code Annotated § 36-1-111 and must be obtained under oath by an officer of the United States Foreign Service or an officer of the United States Armed Forces authorized to administer oaths prior to execution of the surrender in PART II by the parent or legal guardian:

Note: Pseudonyms must not be used nor may spaces for the identities of persons whose names are known be left blank. The court shall require the persons executing these documents to prove their identities satisfactorily to the court. T.C.A. § 36-1-111(g).

COL	111 5116	an require the persons executing these documents to prove their identities satisfactorily to the court. 1.C.A. 9 30-1-11 (t
CO CIT	UNTF Y OR	RY OF) R OTHER LOCATION)
		Being duly sworn according to law, affiant would state:
1.	I an	n:
	a.	Mother:,or
	b.	Father:, or
	C.	Legal Guardian:, of:
2.	a.	Child's Name
	b.	Child's Date of Birth
	C.	Child's Place of Birth
	d.	Child's Sex
	e.	Child's Race
3.	This	s child was born in wedlock □/ out of wedlock□.
4.	Sta chil	te the names and relationships of any other legal/biological parent, legal guardian or possible biological parent for this d:
	a.	(1) Name:
		(2) Relationship to the child:
		(3) Address
		(4) City, State Zip
		(5) Telephone Number: Home:Work:

		(6)	Other identifying information concerning the above identified other legal or biological parent/legal guardian.	
				 and
	b.	(1)	Name: Relationship to the child:	
		(3)	Address	
		(4)	City, State Zip	
			Telephone Number: Home:Work: Other identifying information concerning the above identified other legal or biological	
		(6)	parent/legal guardian.	
				 and
		(4)	News	
	C.	(1) (2)	Name:Relationship to the child:	
		(3)	Address	
		(4)	City, State Zip	
		(5) (6)	Telephone Number: Home: Work: Work: Other identifying information concerning the above identified other legal or biological	
		(0)	parent/legal guardian.	
				_ _ _
5.	The a.	ident	ity is unknown for the other: al parent Yes □ No □	
	b.	Biolo	ogical parent Yes □ No □	
	C.	Lega	al guardian Yes □ No □ applicable Yes □ No □	
	d.	Not	applicable Yes □ No □	
6.	The	wher	reabouts is unknown for the other:	
	a.		al parent Yes No	
	b. c.	Leas	ogical parent Yes □ No □ al guardian Yes □ No □	
	d.		applicable Yes □ No □	
7.	biolo	ogical d is b	at all information concerning the identity, whereabouts, and social and medical history concerning parent/legal guardian has been () or will be given () to the prospective adoptive parents to eing surrendered, to the agency conducting the adoptive home study, or to the attorney for the pro-	whom the above
8.	Info	rmatio	on Concerning Child's Native American Heritage:	
	a.		you or the child of Native American heritage? Yes □ No □ , go to # 9.	
	b.		s, are you eligible for tribal membership? Yes ☐ No ☐	
	c. d.	If ye	s, give name of tribe	
	e.		s, give name of tribe.	
	f.	Is yo	our child eligible for tribal membership? Yes ☐ No ☐	
	g. h.	If ye	s, give name of tribeyour child been registered with a Native American tribe? Yes No	
	i.		s, give name of tribe.	
	j.	This	information is unknown. Yes ☐ No ☐	
9.	a.		this child be sent out of Tennessee to another state or country for adoption? □ No □ If no, go to #10.	
	b.	If ye	s, name of state or country.	
	C.	If ye	s, Tennessee law will govern the interpretation of this surrender.	
10.	of th	ne abo	been paid, received or been promised any money or other remuneration of thing of value in conne ove-named child or placement of this child for adoption?	ction with the birth
		N.⊒ o, got	0 □ to #11.	

If yes, please complete the following:

Amount Paid	To Whom	By Whom	Date Received/Paid	Type Service/Cost
-				

11	a.	Does the child own any real or personal property? Yes ☐ No ☐ If yes, please describe the property owned and give the property value:
	b.	Is it expected that the child will become possessed of any real or personal property? Yes □ No □
		If yes, please describe property, who currently owns the property, the time and circumstances under which the child becomes owner and give the property value:
12.	a.	Do you currently have: Only legal custody of the child? Yes □ No □ Only physical custody of the child? Yes □ No □ Both legal and physical custody of the child? Yes □ No □
	b.	If another person(s) holds legal custody of the child at this time, give the following information: Name: Relationship, if any, to you or the child: Address: (Street, RR, P.O. Box) (Town/City) (State) (Zip)
	C.	Telephone Number (Home) (Work) (In another person(s) holds physical custody of the child at this time, give the following information: Name: Relationship, if any, to you or the child: Address:
	d.	(Street, RR, P.O. Box) (Town/City) (State) (Zip) Telephone Number (Home) (Work) Is the person(s) who holds custody the prospective adoptive parent? Yes No If a licensed child placing agency, the Department of Children's Services or another State agency holds physical and/or
	e.	legal custody of your child, give the following information: Name of Agency: Street/Rural Route/P.O. Box: Town/City: State: State: Zip: Zip:
	f. g.	Do you intend to give custody to the prospective adoptive parents? Yes No Separation No Separation State.
13	a.	Are you aware of assistance which may be available to you to care for the child should you desire to parent this child? Yes \square No \square
	b.	Do you desire counseling regarding such assistance which may be available to you or regarding other issues concerning adoption or parenting a social service agency or a licensed counselor concerning the decision to place this child for adoption? Yes \square No \square
	C.	Have you requested the prospective adoptive parents to provide such counseling for you? Yes □ No □ If not, go to #14.
1 4	d.	If so, has such counseling been made available to you by the prospective adoptive parents? Yes □ No □ De your desire to be represented by legal counsel at this currender proceeding? Yes □ No □
14.	a. b.	Do you desire to be represented by legal counsel at this surrender proceeding? Yes \square No \square If not, do you desire to consult with legal counsel prior to the execution of the surrender of the child? Yes \square No \square

	C.	Yes No I If not, go to #15.
	d.	If so, has such counseling been made available to you by the prospective adoptive parents? Yes ☐ No ☐
15.	as p	you understand that if you sign the following surrender of the above-named child that you will have no right to act parent of the child in any manner whatsoever forever, that your rights and responsibilities to and with the child will erminated and that the child will become the legal child of other persons? Yes ☐ No ☐
16.	a.	If you sign the surrender of the above-named child, do you understand that within ten (10) days from the date you sign the surrender, you may revoke or cancel this surrender by signing a paper called a <u>REVOCATION OF SURRENDER</u> before the officer who is here today, or his or her successor? Yes No
	b.	By signing the surrender of the above named child on this date, (Mo/Day/Yr), the period of revocation of the surrender will begin on the day following the signing of the surrender, or (Mo/Day/Yr) The revocation period is ten (10) calendar days and will expire on the tenth (10th)
		day or (Mo/Day/Yr) If the tenth (10th) day falls on a Saturday, Sunday or legal holiday, the last day for revocation will be the next day which is not a Saturday, Sunday or legal holiday. If this is the situation in this case, that date will be (Mo/Day/Yr) Do you understand this? Yes No
	c.	Do you understand that if you do sign the Revocation of Surrender form within the ten (10) day period, the prospective adoptive parents will be required to return the child, <u>if</u> you currently have custody of the child, <u>unless</u> the court finds that to do so will likely result in immediate harm to the health and safety of the child, and that you may contest this decision not to return the child to you and you may have legal counsel to represent you in that proceeding? Yes No
17.	suri	wing the above, do you freely, voluntarily and without duress or pressure by any other person(s) desire to render the above-named child so that the child may be placed for adoption and adopted by the prospective ptive parents? Yes ☐ No ☐
FUF	RTHE	R, AFFIANT SAITH NOT.
		day of 20
	Sig	nature: Biological Legal Mother Biological Legal Father Father Legal Guardian of of
		Name of Child
Swo	rn to	and subscribed before me this the day of, 20
		Please Print:
		Name and Title of Officer of the Foreign Service or the United Armed Forces Authorized to Administer Oaths
		Signature:Name and Title of Officer of the Foreign Service or the United Armed Forces Authorized to Administer Oaths
		PART II
A.		RRENDER OF CHILD DIRECTLY TO PROSPECTIVE ADOPTIVE PARENTS BY PARENT OR GUARDIAN RESIDING TEMPORARILY RESIDING IN A FOREIGN COUNTRY
COI	INTE	ey of
CIT	Y OR	Y OF) OTHER LOCATION OF)
		-

Being duly sworn according to law affiant would state:

1.	I am:		
			Or
	b. Fathe	er:	, or
	c. Lega	l Guardian:	of:
2.	a. Child	's Name:	
	b. Child	's Date of Birth:	
	c. Child	's Place of Birth:	
	a. Chila	s Sex:	
	e. Child	's Race:	
3.	forever		to this document, all of my parental or guardianship rights to the child named above will be nd ended; that this child will be adopted
	by	on further right to see this	[Name(s) of prospective adoptive parent(s)], and that I child, or to act as parent of this child, or to otherwise be involved in the life of this child.
	wiii nave r	io further right to see this	child, or to act as parent of this child, or to otherwise be involved in the life of this child.
4.		nd that by signing this dogs for the adoption of my	cument, I will not be entitled to any notice, legal or otherwise, of any other legal child by other persons.
5.	this o	child I must do so by	and Part I of this document and fully understand that if I change my decision to surrender(Date from # 16b. of Part I) by presenting the Revocation of Surrender Form, the judge who is conducting this proceeding, or his or her successor.
	b. By my	signature to this part, I a	cknowledge receipt of a copy of the Revocation of Surrender form.
6.			WITHOUT DURESS OF ANY KIND, SURRENDER ALL OF MY PARENTAL OR
	GUARDIA	NSHIP RIGHTS TO	(CHILD'S NAME)
			,
	TO:		
	a. Prosp	pective Adoptive Mother_ pective Adoptive Father_	
FUF	RTHER AFF	FIANT SAITH NOT.	
This	s the da	ay of	20
Sig	nature:	Biological Legal	Mother
		Biological Legal	Father
		Legal Guardian	
Swo	orn to and s	ubscribed before me this	the day of, 20
			Please Print:
			Name and Title of Officer of the Foreign Service or the United States Armed Forces Authorized to Administer Oaths
			Signature:
*Se	e Notes Be	low Before Signing	Name and Title of Officer of the Foreign Service or the United
			States Armed Forces Authorized to Administer Oaths

NOTES TO COURT OR OTHER PERSONS AUTHORIZED TO TAKE THE SURRENDER IN SECTION A:

- 1. A minor may complete the surrender to any person eighteen (18) years of age or older. T.C.A. § 36-1-110.
- 2. A separate medical/social history form for the child, the child's parent(s) and biological relatives must be completed under oath prior to execution of the surrender. T.C.A. § 36-1-111(k).
- 3. When applicable, as noted in Section B., all provisions of Section B. must be completed prior to your signing of the Surrender in Section A. T.C.A. § 36-1-111(k), (m) and (o).
- 4. Certified copies of Parts I and IIA must be given or sent to the person(s) executing the surrender. Certified copies of Parts I, IIA and B are to be given to the prospective adoptive parents as noted in the Acceptance portion in Part B. Please certify copies of Parts I and II on the page following Part II. Part III should be certified on the page following Part III and sent to: Adoption Services, Tennessee Department of Children's Services, 436 6th Avenue North, Nashville, TN 37243-0009.

5. The originals of the Surrender forms shall be maintained in a separate file designated for the purpose, shall be confidential and shall not be inspected by anyone else without the written approval of a court with domestic relations jurisdiction where the file is maintained. T.C.A. § 36-1-111(p)(2)(B).

NOTES TO THE COURT IN TENNESSEE WHERE THE SURRENDER IS FILED:

B. ACCEPTANCE OF SURRENDER BY PROSPECTIVE ADOPTIVE PARENTS

- 1. Parts I and II of the surrender forms surrender received pursuant to T.C.A. § 36-1-111(i) must be filed in the Chancery, Circuit, or Juvenile Court where the child resides within fifteen (15) days of the actual receipt of the Surrender or within fifteen (15) days of the date the child or persons to whom the child is surrendered become residents of Tennessee, whichever is earlier. T.C.A. § 36-1-111(q)(1).
- 2. When applicable, all provisions of Section B. must be completed before entry of an Order of Full or Partial Guardianship. T.C.A. § 36-1-111(k), (m) and (o).
- 3. The surrender itself is not sufficient to vest custody or guardianship authority with the prospective adoptive parents. T.C.A. § 36-1-111(r)(2). Upon satisfactory completion of the necessary requirements in Section B. below, and execution of Parts I and II A. by the parent or legal guardian, the court may enter an Order of Full or Partial Guardianship for the prospective adoptive parent(s). T.C.A. § 36-1-111(r)(6)(C). This should be done within thirty (30) days of the execution of the surrender. T. C. A. § 36-1-111(u).
- 4. If a full home study of the prospective adoptive parent(s)' home has not been conducted within six (6) months of the date of the execution of this surrender, the court shall, if the surrender is to persons who are not related [T.C.A. § 36-1-102(39)] to the child, issue an Order of Reference for such home study to, and shall order supervision of the child in the home of the prospective adoptive parents by, a licensed child-placing agency, a licensed clinical social worker, or if the prospective adoptive parents are indigent under Federal Poverty Guidelines, to the Tennessee Department of Children's Services. The home study is to be returned to the court within sixty (60) days. See, T.C.A. § 36-1-111(t).

NOTES TO THE CLERK IN TENNESSEE:

١.	The copies of the surrender forms filed by the prospective adoptive parent(s) with this court shall be entered in a special
	docket for surrenders and shall be styled "In Re" and
	(Child's Name)
	shall be permanently filed by the court in a separate file for that purpose, and shall be confidential and shall not be inspected
	by anyone else without the written approval of the court. T.C.A. § 36-1-111(p)(1) and (2).

Within five (5) days of the execution of the surrender, a certified copy Parts I and II filed with this court shall be sent, without cost, to: Adoptions Services, Tennessee Department of Children's Services 436 6th Avenue North, Nashville, TN 37243-1290. T.C.A. § 36-1-111(p)(1), (2) and (4.) Please certify the copies following the certification by the U. S. Foreign Service Officer or Officer of the U. S. Armed Forces.

PART II

		OF) Y OF)		
		Being duly sworn according to law, affiant(s) would state:		
1.	a.	I am	, Prospective Adoptive Mother.	
	b.	Prospective Adoptive Mother's Date of Birth		
	C.	Prospective Adoptive Mother's Marital Status		
	d.	Prospective Adoptive Mother's Address		- -
2.	a.	I am	, Prospective Adoptive Father.	
	b.	Prospective Adoptive Father's Date of Birth		_
	C.	Prospective Adoptive Father's Marital Status		
	d.	Prospective Adoptive Father's Address		_
3.		on execution of Parts I and II A. by the parent or guardian Armed Forces authorized to administer oaths	named herein before a U. S. Foreign Ser agree to assume	vice Officer or Officer of

responsibility for obtaining guardianship of

through court

(Name of Child)

order within thirty (30) days of the date of this surrender [See, T.C.A. § 36-1-111(u)], and we agree, therefore, to be responsible for the care, custody, financial support, medical care, education, moral, and spiritual training of this child.

4.	The following costs have been paid by	for activities involving the placement of this child.
	(me/us)	

Licensed Child Placing Agency Licensed Clinical Social Worker Legal Counsel
Legal Counsel
Other Person/Organization Specify:
Social Counseling Cost for Child's Parent/Legal Guardian
Legal Counseling for Child's Parent/Legal Guardian
Hospital or Medical Costs for the Birth of the Child
Medical Care/Other Birth Related Expenses for Mother and/or Child
Counseling Fees for Child
Food, Maternity Clothing, Child's Clothing
Housing and/or Utilities for Parent/Guardian
Other Costs (Specify to Whom)

SUBSECTIONS 5a.-5d. <u>MUST</u> BE MARKED TO DESIGNATE THE APPLICABLE SITUATION. ONE OF THE FOLLOWING <u>MUST</u> EXIST BEFORE THE SURRENDER CAN BE RECEIVED BY THE A U. S. FOREIGN SERVICE OFFICER OR OFFICER OF THE U. S. ARMED FORCES AUTHORIZED TO ADMINISTER OATHS:

IAAA barra mbrrahad arrakadir af thia ahilab an

ວ.	a.	
	b.	I/We will receive physical custody of the child from the parent or legal guardian within five (5) days of this surrender. The affidavit required by \S 36-1-111 (d)(6) of the custodial parent or guardian to this effect has been attached with the acceptance at this time; or
	C.	I/We have the right to receive physical custody of the child upon his or her release from a hospital or health care facility, and the affidavit of the custodial parent or guardian to this effect required by § 36-1-111 (d)(6) has been attached with the acceptance at this time; or
	d.	Another person or agency currently has physical control of the child. I/We have attached to the acceptance an affidavit of the person or agency required by § 36-1-111 (d)(6) which indicates their waiver of the right to custody of the child upon entry of a guardianship order pursuant to § 36-1-136(r).

SUBSECTIONS 6-9 <u>MUST</u> BE ANSWERED "YES" OR <u>MUST</u> BE MARKED "NOT APPLICABLE" BEFORE THE SURRENDER IS COMPLETED BY THE U. S. FOREIGN SERVICE OR ARMED SERVICES OFFICER:

- 6. Yes \(\square\) No \(\square\) I/We have attached a currently effective or updated home study or preliminary home study of my/our home conducted by a licensed child-placing agency, a licensed clinical social worker, or the Tennessee Department of Children's Services.
- Yes □ No □ I/We have attached the certificate of the completion of (__) legal/(__) social counseling if counseling was requested by the surrendering parent. See Item #s 13. and 14. above in Part I.
 □Not Applicable.
- 8. Yes \(\subseteq \) No \(\subseteq \) If the child is to be brought into Tennessee for foster care or adoption, I/we have attached a copy of the ICPC 100A or other substitute form required for ICPC compliance or a sworn statement stating why such form is not required by the ICPC.
 \(\subseteq \) Not Applicable.

9. Yes ☐ No ☐ I/We have attached a statement that if the Indian Child Welfare Act, 25 U.S.C. § 1901 et seq. applies because of the child's Native American heritage, there has been compliance with the Act. ☐Not Applicable.

SUBSECTION 10 MUST BE ANSWERED "YES", OR ITEM b. MUST EXPLAIN HOW COMPLIANCE WILL BE EFFECTED:

 Yes ☐ No ☐ a. If the child the Interstate Compact or th 			nother state, there has been compliance with
b. If not, how will it be effe			
FURTHER AFFIANT(S) SAITH N	ОТ		
This day of, 2	20		
		Signature of F	Prospective Adoptive Mother
		Signature of F	Prospective Adoptive Father
Sworn to and subscribed before r	ne this day of	, 20 _	
		NOTARY PUBLIC	
My commission expires:	·		
	CERTIFICATION OF U. OR OFFICER OF THE U		
I, States Armed Forces, hereby cer the documents executed and filed	tify the foregoing copies of	an Officer of the U. S Parts I and II of the Surr	. Foreign Service oran Officer of the United ender Forms to be true and accurate copies of
		Name and Tit Officer of the	le of U. S. Foreign Service Officer or United States Armed Forces
	CERTIFICATION	OF TENNESSEE CLE	<u>rk</u>
I,Forms to be true and accurate co	County, Te	of the nnessee, certify the fore with this Court.	Court of going copies of Parts I and II of the Surrender
	-	Clerk of the	Court ofCounty, Tennessee.
			(Seal)

1.

2.

PART III CONTACT VETO REGISTRATION T.C.A. § 36-1-111(k)(3)

STATE OF)
COUNTY OF)

Being duly sworn according to law affiant would state:

iriy ut	uly Sworn according to law amant would state.	
l ar	m:	
a.	Mother:	, or
b.	Father:	, or
C.	Legal Guardian:	of:
a.	Child's Name:	
b.	Child's Date of Birth:	
C.	Child's Place of Birth:	
d.	Child's Sex:	
۵	Child's Race	

- 3. a. I understand that contact with me may be requested by the child I am surrendering (adopted person) and by certain other classes of eligible persons who, as may be permitted by law, may have access to the sealed records, sealed adoption records or post adoption records and those records in any other information. Those eligible persons currently include the adopted person twenty-one (21) years of age or older or their legal representative, the adopted person's birth or adopted parents or step-parents, the birth or adopted siblings or lineal descendants twenty-one years of age or older of the adopted person, or their legal representatives. [T.C.A. § 36-1-127(c)]. The class of eligible persons may be revised periodically by changes to the law.
 - b. I understand that no contact, whether by personal contact, correspondence or otherwise shall be made in any manner whatsoever by those requesting persons or any agent or other person acting in concert with those requesting persons, with any person eligible to file a contact veto except as permitted by law. The sealed adoption record or post-adoption record requested by eligible persons shall be made available to the requesting party only after completion by the requesting party of a sworn statement agreeing that he or she shall not contact or attempt to contact, in any manner, by themselves or in concert with any other persons or entities, any of the persons eligible to file a contact veto until the Department has completed a search of the Contact Veto Registry to determine the willingness of the person sought to have contact with the requesting party. [T.C.A. §§ 36-1-127(f); 36-1-130 and 36-1-131]. The person making contact in violation of the law shall be guilty of a Class B misdemeanor [T.C.A. § 36-1-132]. I also understand that should I be contacted after filing a contact veto, I shall have a cause of action in the Circuit or Chancery Court for injunctive relief and damages, including both compensatory and punitive damages, and attorneys fees against any person who has contacted, attempted to contact, or caused me to be contacted [T.C.A. § 36-1-132].
- 4. I understand that contact with me by an eligible person is governed by filing my intentions with the Contact Veto Registry.
- 5. By filing with the execution of this surrender, I understand there is no fee for filing with the Contact Veto Registry. However, should I choose not to file a contact veto at this time, but wish to do so later, I understand I may do so, but will be required to pay the necessary fees [T.C.A. § 36-1-129(b)]. I understand that should there be a request for contact with me and I have vetoed contact with any eligible person, I will be contacted and informed by the Department of Children's Services to determine my desires for contact at that time and will be given the opportunity to vary or modify my request. [T.C.A. § 36-1-130(b)(1)].
- 6. I understand that I may vary this contact veto by indicating my desires for contact, if any, with the eligible persons and the means of contact I wish to have with particular eligible persons. [T.C.A. § 36-1-111(k)(3)(B); § 36-1-127-36-1-131]. In doing so, I understand I must write to the address below and request the necessary forms to complete and file with the Contact Veto Registry:

CONTACT VETO REGISTRY
POST ADOPTION SERVICE
TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES
436 6th Avenue North
NASHVILLE, TENNESSEE 37243-1290

7. a. PLEASE COMPLETE THE FOLLOWING SO THAT YOU MAY BE LOCATED IN THE FUTURE BY THE DEPARTMENT CONCERNING YOUR INTENTIONS REGARDING CONTACT:

THIS INFORMATION MUST BE UPDATED WITH THE DEPARTMENT TO ENSURE THAT FUTURE CONTACT CAN BE MADE.

	Name (Including Birth & M	arried Names)	(5	Street/Rural Route/F	P. O. Box)	
	(Town/City)		(State)	(Zip	Code)	
	(Home Telephor	e No.)	(Work Tele	phone No.)		
 b. Is this address an address the department may use to write to you concerning your wishes rega Yes ☐ No ☐ If no, please share address to be used: 						ling contact?
	(Street/Rural Route/P. O. E	Вох)		own/City)	(State)	
	(Zip Code)	(Work Telephone		(Home Tel	ephone)	
C.	Is this address an address address to be used:	a person requesting	g contact may u	se to write to you?	Yes □ No □	. If no, please share th
	(Street/Rural Route/P. O. E	Box)		(Town/City) (State)	
	(Zip Code)	(Work Telephone	 ,	(Home Tel	ephone)	
d.	Are the telephone numbers YES □ NO □. If no, may YES □ NO □. If no, plea	the listed telephone se list telephone num	numbers be shaber(s), if any, t	ared with eligible pe hat might be shared 		
	(Work Telephone No.)	(Home	Telephone No)		
a.	I wish to veto contact with by law, to have access to					
b.	The filing of a contact veto lineal ancestors, and the records opened. You ma have to register a contact have to register a contact these persons.	spouses of those pe y, however, exclude veto themselves or,	rsons so that to persons in the upon location	hey cannot be con se classes from th by the department,	tacted by a per is automatic co pursuant to a	rson eligible to have the overage so that they we search request, they we
	I wish to exclude from the		to the following			
c.	 (1) My siblings: (2) My lineal descendants (3) My lineal ancestors: (4) The spouses of: (a) siblings 	Yes □ No □ Yes □ No □				
C.	(2) My lineal descendants(3) My lineal ancestors:(4) The spouses of:	Yes No Yes No Yes No No				
C.	 (2) My lineal descendant: (3) My lineal ancestors: (4) The spouses of: (a) siblings (b) lineal descendant 	S: Yes	viduals:			
C.	 (2) My lineal descendant: (3) My lineal ancestors: (4) The spouses of: (a) siblings (b) lineal descendant (c) lineal ancestors 	s: Yes No See No Se	ionship To		Address P. O. Box, Town	ı, State, Zip
c.	(2) My lineal descendant: (3) My lineal ancestors: (4) The spouses of: (a) siblings (b) lineal descendant (c) lineal ancestors Please complete the followir	s: Yes No See No Se			Address P. O. Box, Town	, State, Zip
C.	(2) My lineal descendant: (3) My lineal ancestors: (4) The spouses of: (a) siblings (b) lineal descendant (c) lineal ancestors Please complete the followir	s: Yes No See No Se	ionship To			, State, Zip
C.	(2) My lineal descendant: (3) My lineal ancestors: (4) The spouses of: (a) siblings (b) lineal descendant (c) lineal ancestors Please complete the followir	s: Yes No See No Se	ionship To			, State, Zip
C.	(2) My lineal descendant: (3) My lineal ancestors: (4) The spouses of: (a) siblings (b) lineal descendant (c) lineal ancestors Please complete the followir	s: Yes No See No Se	ionship To			, State, Zip
C.	(2) My lineal descendant: (3) My lineal ancestors: (4) The spouses of: (a) siblings (b) lineal descendant (c) lineal ancestors Please complete the followir	s: Yes No See No Se	ionship To			, State, Zip

		Name	Relationship To	Addre	
		Name	Surrendering Person	Street. RR, P. O. Box	, Town, State, Zip
9.	a.	I give consent for the child I am so be permitted by law, to have accessorate with me.			
	b.	I wish to limit consent to certain pe	ersons and only give consent	for contact with the followi	ng classes of people:
		(1) The adopted person	Yes □ No □		
		(2) The adopted person's adoptive	e parents Yes 🗖 No		
		(3) The adopted person's adoptive(4) The adopted person's lineal de	e siblings Yes ☐ No escendants Yes ☐ No		
		(5) The legal representatives of ar			
	C.	If contact is limited to the legal repre	esentative of certain classes	of persons, please describ	e:
10.	l wi	sh the following types of contact by limitations or qualifications to these it	those persons requesting co	ontact with me: (Please ch	eck all that apply and indicate
	Tele	ephone 🗖	Tiethous of Contact)		
	Lett	ers 🗖			
		sonal contact, unannounced I sonal contact, prearranged with me I	J, either via phone D or corr	espondence 	
	Pers	sonal contact through another persor			ormation to be released
	rega	arding how to contact:			
11.		er information I wish to have released rmation to be provided)	d about me to any eligible pe	rsons (please identify to wh	om and the contents of the
12.		ould you wish no contact with any othe ch impact your decision, please share		o share a statement of you	r feelings, or circumstances
13.		ereby request that this information loartment of Children's Services.	be filed with the Contact V	eto Registry at the Post	Adoption Services Unit of the
FUF	RTHE	R AFFIANT SAITH NOT.			
1 1118	s trie .	day of, 20_	·		
Sig	natur	re: Biological Legal	Mother		
		biological Legal Legal Guardian	Father		-
<u> </u>		<u> </u>			
Swo	orn to	and subscribed to before me this	day of	, 20	

	Please Print:	U.S. Foreign Service Officer or Officer of the U.S. Armed Forces
	Signature:	U.S. Foreign Service Officer or Officer of the U.S. Armed Forces
		U.S. Foleigh Service Officer of Officer of the U.S. Affiled Folces
		CERTIFICATION
	I.	U.S. Foreign Service Officer/Officer of the U.S. Armed Forces of (please state
loca a tr	ation) ue and accurate copy of the document execu	, certify the foregoing copy of Part III of the Surrender Forms to be
	ao ana aocarato copy or the accument checa	100 DOISTO 1110.
		U.S. Foreign Service Officer or Officer of the U.S. Armed Forces
		DADT IV
		PART IV
	REVOCATION	OF SURRENDER BY A PARENT OR GUARDIAN
co	UNTRY	
CIT	UNTRY	
	Being duly sworn according to law affia	ant would state:
1.	I am:	
	a. Mother: b. Father:	, or, or
	c. Legal Guardian:	, of:
2.	a. Child's Name:	
	b. Child's Date of Birth:	
	c. United size of Birth:	
	e. Child's Race:	
3.		I executed a surrender of my parental or guardianship rights to the child named in
	#2 to: a. Prospective Adoptive Parent(s)	
	b. Licensed Child-Placing Agency	
	c. Tennessee Department of Children's Se	ervices
4.	The surrender was executed before:	
	(Name of U.S. Foreign Service Officer or Off	fficer of the U.S. Armed Forces)
5.	I hereby revoke and void the surrender of the	e above-named child.
FU	RTHER AFFIANT SAITH NOT.	
Thi	s the day of, 20	
Sig	nature: Biological Legal	Mother
	Biological Legal	Father
Sw	orn to and subscribed before me this da	y of, 20
Thi	s Revocation of Surrender was received by m	e on the day of, 20
	Please Print:	
		U.S. Foreign Service Officer or Officer of the U.S. Armed Forces

Signature (See notes below):	
,	U.S. Foreign Service Officer or Officer of the U.S. Armed Forces

NOTES TO COURT, OR OTHER PERSON AUTHORIZED TO RECEIVE A REVOCATION, AND TO THE CLERK:

- 1. If the judge or other person who received the surrender is unavailable or absent, the successor or substitute to that judge or person may accept the revocation, or in the absence of the judge or his or her successor, another judge with jurisdiction to receive a surrender (in another state or territory this would be the chancellor, judge, or clerk of a court of record) may accept the revocation. In the event the surrender was taken in another state or country, or before the warden of a state or federal penitentiary and there is no authorized successor to the person who received the surrender or that person is unavailable, the revocation may be taken by a court in Tennessee which is qualified to receive a surrender or by a court in another state, territory, or country with domestic relations jurisdiction to accept the revocation. T.C.A. § 36-1-112(a)(1).
- 2. The surrender must be revoked within ten (10) days including Saturdays, Sundays and legal holidays following the original execution of the surrender. T.C.A. § 36-1-112(a)(1). The revocation period will begin on the day following the signing of the surrender and will expire on the tenth (10th) day. If the tenth (10th) falls on a Saturday, Sunday or legal holiday, the last day for revocation will be the next day which is not a Saturday, Sunday or legal holiday.
- 3. The court or person receiving the revocation shall maintain the originals in the office of the clerk or the person receiving the surrender together with the original of the surrender or the adoption petition containing the parental consent, if available, and shall personally give, or by certified mail, return receipt requested, send certified copies of the revocation to the child's parent(s) or legal guardian(s), and to the prospective adoptive parents or the local office of the Tennessee Department of Children's Services or the licensed child-placing agency to whom the child was surrendered. See, T.C.A. § 36-1-112(c)(1).
- 4. a. A certified copy of the revocation shall be attached to a certified copy of the surrender or the petition for adoption containing the parental consent, and the clerk shall send these, within three (3) days by certified mail, return receipt requested to:

Tennessee Department of Children's Services Central Office Adoption Services 436 6th Avenue North Nashville, TN 37243-1290

See, T.C.A. § 36-1-112(c)(2).

- b. Please provide the certification on the page following this Revocation form.
- 5. If the revocation must be executed before a court or person before whom the surrender was not executed or in which the adoption petition was not filed, the original of the revocation shall be sent within three (3) days to the court or person before whom the surrender was executed or where the adoption petition was filed and that court or person shall be responsible for sending the forms to the Tennessee Department of Children's Services Central Office and to the persons or agencies in #3 entitled to copies of the revocation. See, T.C.A. § 36-112(c)(2)(B).

CERTIFICATION

I,	, U.S. Foreign Service Officer/Officer of the U.S. Armed Forces of (please state
location)	, certify the foregoing copy of the Revocation of Surrender to be a
true and accurate copy of the	Revocation of Surrender executed before me.
	U.S. Foreign Service Officer or Officer of the U.S. Armed Forces

Authority: T.C.A. §§ 4-5-201, et seq., 36-1-111, 36-1-112, 36-1-125, 36-1-141, Public Chapter 532 (1995), and Executive Order #6, January 12, 1996. Administrative History: Original rule filed September 7, 2001; effective November 21, 2001. Emergency rule filed September 11, 2015; expired March 9, 2016.

0250-07-13-.09 SURRENDER DOCUMENTS FOR USE IN SURRENDERS TO A LICENSED CHILD-PLACING AGENCY OR THE TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES IN THESE MATTERS, BY AN INMATE OF A STATE OR FEDERAL PENITENTIARY.

- The following form is composed of four (4) Parts making a complete package which must be used at the time of surrender of child for adoption to a licensed child-placing agency or the Tennessee Department of Children's Services in these matters, and must be completed by the inmate and the Warden of the penitentiary before a Notary Public. Parts I, II A. and III should be completed at the time of the surrender. Part II B. should be completed by the Department or Licensed Child Placing Agency prior to sending the form to the Warden for completion of the surrender. Copies of Parts I and II should be given to the person executing the surrender and to the Department or Licensed Child Placing Agency. Copies of Part III should be given to the person executing the surrender and should be sent directly to the Department by the Warden. Part IV, the revocation of surrender, which is part of the package, must be given to the parent or guardian at the time of the surrender.
- (2) The requirements for execution and processing of the forms are contained in T.C.A. §§ 36-1-111 and 36-1-112 and are noted in summary manner on the forms.
- (3) The information in these forms is confidential and is not to be released without the written approval of the court with domestic relations jurisdiction where the file is maintained.
- (4) Form:

SURRENDER OF A CHILD BY A PARENT OR GUARDIAN INCARCERATED IN A STATE OR FEDERAL PENITENTIARY TO THE TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES OR A TENNESSEE LICENSED CHILD-PLACING AGENCY

PART I

PRE-SURRENDER INFORMATION

The following information is required by Tennessee Code Annotated § 36-1-111 and must be completed before the Warden of the correctional facility where the parent or guardian is incarcerated and sworn to before a Notary Public prior to execution of the surrender in PART II by the parent or legal guardian:

Note: Pseudonyms must not be used nor may spaces for the identities of persons whose names are known be left blank. The Warden shall require the persons executing these documents to prove their identities satisfactorily to him or her. T.C.A. § 36-1-111(g).

STA	TE O	F) OF)
		Being duly sworn according to law, affiant would state:
1.	b.	Mother:
2.	b. c. d. e.	Child's Name
4. child		the names and relationships of any other legal/biological parent, legal guardian or possible biological parent for this
	a.	(1) Name:

		(5) (6)	Telephone Number: Home:Work:_ Other identifying information concerning the above identified other legal or biological parent/legal guardian.	_
				and
	b.	(1) (2)	Name: Relationship to the child:	
		(3)	Address	
		(4) (5)	City, State ZipWork:	
		(6)	Other identifying information concerning the above identified other legal or biological parent/legal guardian.	
				_ _ _ and
	C.	(1)		
		(3)	Relationship to the child:Address	
		(4)	City, State ZipWork:	
		(6)	Other identifying information concerning the above identified other legal or biological parent/legal guardian.	_
				_ _
5.	The a. b. c. d.	Lega Biolo Lega	tity is unknown for the other: al parent Yes □ No □ ogical parent Yes □ No □ al guardian Yes □ No □ applicable Yes □ No □	
6.	The a. b. c. d.	Lega Biolo Lega	reabouts is unknown for the other: al parent Yes No Cogical Parent No Cogical	
7.	lega	al or l	at all information concerning the identity, whereabouts, and social and medical history concerning the biological parent/legal guardian has been () or will be given () to the Tennessee Department or the Licensed Child-Placing Agency to whom the above child is being surrendered.	ne above-named ent of Children's
8.	Info	rmati	on Concerning Child's Native American Heritage:	
	a.		you or the child of Native American heritage? Yes ☐ No ☐ o, go to # 9.	
	b.	If ye	es, are you eligible for tribal membership?	
	c. d.	If ye Are	es, give name of tribe you registered with a Native American tribe? Yes □ No □	
	e.	If ye	es, give name of tribe.	
	f. g.		our child eligible for tribal membership? s, give name of tribe	
	h.	Has	your child been registered with a Native American tribe? Yes ☐ No ☐	
	i. j.		es, give name of tribe s information is unknown. Yes □ No □	
9.	a.		this child be sent out of Tennessee to another state or country for adoption? Nol If no, go to #10.	
	b.	If ye	es, name of state or country.	
	C.	If ye	es, I understand Tennessee law will govern the interpretation of this surrender.	
10.	of th	ne ab	u been paid, received or been promised any money or other remuneration of thing of value in connect ove-named child or placement of this child for adoption? No □ to #11.	ion with the birth

Type

Date

(Rule 0250-07-13-.09, continued)

If yes, please complete the following:

Amount

			By Whom	Received/Paid	Service/Cost	
a.	Does the child own angive the property value		property? Yes No	☐ If yes, please o	lescribe the property	owned a
b.	Is it expected that the					ما اداناه
	If, please describe pro owner and give the pro		y owns the property, tr	ne time and circumstan	ces under which the	child bed
	owner and give the pro	perty value.				
a.	Do you currently have					
a.	Only legal custody of the	he child?	∕es □ No □			
a.	Only legal custody of the Only physical custody	he child? \ of the child? \	res □ No □	7		
a. b.	Only legal custody of the Only physical custody Both legal and physical	he child? of the child? All custody of the chi	/es □ No □ ild? Yes □ No 〔		ormation:	
	Only legal custody of the Only physical custody Both legal and physical If another person(s) hame:	he child? of the child? al custody of the chi olds legal custody of	Yes □ No □ ild? Yes □ No □ of the child at this time	e, give the following info		
	Only legal custody of the Only physical custody Both legal and physical If another person(s) he	he child? of the child? al custody of the chi olds legal custody of	Yes □ No □ ild? Yes □ No □ of the child at this time	e, give the following info		
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Yes ☐ No ☐

Do you desire counseling regarding such assistance which may be available to you or regarding other issues surrounding adoption or parenting from the Tennessee Department of Children's Services a licensed child-placing agency, or a

		licensed clinical so Yes □ No □	ocial worker or other	social services agency concerning the decision to place this child	for adoption?
	c.		ng been made avail	able to you? Yes □ No □	
14.		If not, do you desir		gal counsel at this surrender proceeding? Yes ☐ No ☐ gal counsel prior to the execution of the surrender of the child?	
	c.	Yes ☐ No ☐ Has such counseli	ng been made avail	able to you? Yes □ No □	
15.	as į	parent of the child	d in any manner	ollowing surrender of the above-named child that you will have forever, that your rights and responsibilities to and with the legal child of other persons? Yes No	
16.	a.	you sign the sur	render, you may re	cove-named child, do you understand that within ten (10) day evoke or cancel this surrender by signing a paper called a \underline{R} to is here today, or his or her successor? Yes \square No	EVOCATION OF
	b.	revocation of the	e surrender will The re	pove named child on this date, (Mo/Day/Yr)	or (Mo/Day/Yr the tenth (10th
			evocation will be	. If the tenth (10th) day falls on a Saturday, Sunday the next day which is not a Saturday, Sunday or legal holidabe (Mo/Day/Yr) Do you understand this	y. If this is the
	c.	Tennessee Depar child, <u>if</u> you curre harm to the healt	rtment of Children ently have custody th and safety of th	sign the Revocation of Surrender form within the ten (10) i's Services or Licensed Child-Placing Agency will be requir of the child, <u>unless</u> the court finds that to do so will likely rese child, and that you may contest this decision not to return represent you in that proceeding? Yes No	ed to return the ult in immediate
17.	surr Yes		amed child so tha	luntarily and without duress or pressure by any other pers t the child may be placed for adoption and adopted by other p	
		is the day of _			
		Signature:	Biological Leg Biological Leg	gal Mothergal Father	_
			Legal Guardian of	<u>- </u>	of
			Name of Child		
a No	this _ otary rdian)	day of Public for the State), who acknowledge	and County noted a	, personally appeared before me, above, (Name of Parent or cument is correct to the best of his/her information and belief.	
				Notary Public	
Му	Comr	mission Expires:			
			Please Print:	Name of the Warden of Correctional Facility Located at	
				(City, County and State of Facility)	
			Signature:		
			-	WARDEN	

(Rul	le 0250-07-1309, continued)
On the Public above	his day of, 20 personally appeared before me, a Notary ic for the State and County noted above, Warden of the correctional facility noted re, who acknowledged that he/she witnessed the completion of the pre-surrender information noted above.
	Notary Public
Му С	Commission Expires:
	PART II
	SURRENDER OF CHILD BY A PARENT OR GUARDIAN INCARCERATED IN A STATE OR FEDERAL PENITENIARY TO THE TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES OR A TENNESSEE LICENSED CHILD-PLACING AGENCY
	TE OF TENNESSEE INTY OF
Bein	g duly sworn according to law affiant would state:
	I am: a. Mother: or b. Father: , or c. Legal Guardian: of:
	<u> </u>
	a. Child's Name: b. Child's Date of Birth: c. Child's Place of Birth: d. Child's Sex: e. Child's Race:
	I understand that by my signature to this document, all of my parental or guardianship rights to the child named above will be forever terminated and ended; that this child will be placed for adoption by, a Licensed Child-Placing Agency, or
	by the Tennessee Department of Children's Services and that the child will be adopted by other persons, and that I will have no further right to see this child, or to act as parent of this child, or to otherwise be involved in the life of this child.
	I understand that by signing this document, I will not be entitled to any notice, legal or otherwise, of any other legal proceedings for the adoption of my child by other persons.
5.	a. I have read and fully understand Part I of this document and fully understand that if I change my decision to surrender this child I must do so by(Date from # 16b. of Part I) by presenting the Revocation of Surrender Form, attached to this document, to the warden who is conducting this proceeding, or his or her successor.
	b. By my signature to this part, I acknowledge receipt of a copy of the Revocation of Surrender form.
6.	I FREELY AND VOLUNTARILY, WITHOUT DURESS OF ANY KIND, SURRENDER ALL OF MY PARENTAL OR GUARDIANSHIP RIGHTS TO (CHILD'S NAME)
	(CHILD'S NAME) TO:
	 a. Licensed Child-Placing Agency
	FURTHER AFFIANT SAITH NOT.
	This the day of 20
	Signature: Biological, Legal Mother Biological, Legal Father Legal Guardian
On th	his day of, 20, personally appeared before me, a Notary

Public

for the State and County the above surrender of th	noted above, e child,	, (Name of Parent or Guardian), who acknowledged that, (Name of Child) was executed freely and voluntarily.		
My Commission Expires:		Notary Public		
	Please Print:	Name of the Warden of		
		Name of the Warden of Correctional Facility Located at		
		(City, County and State of Facility)		
*See Notes Below Before Signing	Signature:	WARDEN		
Notary Public		, 20, personally appeared before me, a, Warden of the correctional facility noted above who		
acknowledges that he/she	e witnessed the signin	g of the surrender of by (Name of Child)		
(Name of Parent/ Guardi	an)			
		NOTARY PUBLIC		
My Commission Expires:				

NOTES TO WARDEN AUTHORIZED TO TAKE THE SURRENDER IN SECTION A:

- 1. A minor may complete the surrender to any person eighteen (18) years of age or older. T.C.A. § 36-1-110.
- 2. A separate medical/social history form for the child, the child's parent(s) and biological relatives must be completed under oath prior to execution of the surrender. T. C. A. § 36-1-111(k).
- 3. When applicable, as noted in Section B., all provisions of B. must be completed prior to your signing of the Surrender in Section A. T. C. A. § 36-1-111(k), (m) and (o). Section B.4. does not have to be completed by the Tennessee Department of Children's Services. T.C.A. § 36-1-111(p).
- 4. Certified copies of Parts I and II must be given or sent to the person(s) executing the surrender and to the licensed child-placing agency or the Tennessee Department of Children's Services as noted in the Acceptance portion in Part B. Please certify copies of Parts I and II on the page following Part II. Part III should be certified on the page following Part III and sent to: Adoption Services, Tennessee Department of Children's Services, 436 6th Avenue North, Nashville, TN 37243-0009.
- 5. The originals of the Surrender forms shall be maintained in a separate file designated for the purpose, shall be confidential and shall not be inspected by anyone else without the written approval of a court with domestic relations jurisdiction where the file is maintained. T.C.A. § 36-1-111(p)(2)(B). After ten (10) days, the original shall be sent to state office Adoption Services of the Tennessee Department of Children's Services, at the address below.

NOTES TO THE COURT IN TENNESSEE WHERE THE SURRENDER IS FILED:

- 1. Parts I and II of the surrender forms received pursuant to T.C.A. § 36-1-111(j) must be filed in the Chancery, Circuit, or Juvenile Court where the child resides or, pursuant to T.C.A. § 36-1-111(q)(3), in the court which placed custody with the LCPA or the Tennessee Department of Children's Services within fifteen (15) days of the actual receipt of the Surrender or within fifteen (15) days of the date the child or persons to whom the child is surrendered become residents of Tennessee whichever is earlier. T.C.A. § 36-1-111(q)(1).
- 2. When applicable, all provisions of Section B. must be completed before entry of an Order of Full or Partial Guardianship. T.C.A. § 36-1-111(k), (m) and (o). Section B.4 does not have to be completed by Tennessee Department of Children's Services. T.C. A. 36-1-111(n).
- 3. The surrender itself is not sufficient to vest custody or guardianship authority with the Licensed Child-Placing Agency (LCPA) or the Tennessee Department of Children's Services. T.C.A. § 36-1-111(r)(2). Upon satisfactory completion of the necessary requirements in Section B. below and execution of Parts I and II A. by the parent or legal guardian, the court shall enter an

Order of Full or Partial Guardianship for the LCPA or the Tennessee Department of Children's Services. T.C.A. \S 36-1-111(r)(6)(C). This should be done within thirty (30) days of the date the surrender is filed. T.C.A. \S 36-1-111(u).

NOTES TO THE CLERK IN TENNESSEE:

1.	The copies of the surrender forms filed by the licensed child-placing agency or the Tennessee Department of Children's Services with this court shall be entered in a special docket for surrenders and shall be styled "In Re " and shall be (Child's Name) permanently filed by the court in a separate file for that purpose, and shall be confidential and shall not be inspected by anyone else without the written approval of the court. T.C.A. § 36-1-111(p)(1) and (2). Within five (5) days of the filing of the surrender in Tennessee, a certified copy of Parts I and II filed with this court shall be sent, without cost, to: Adoption Services, Tennessee Department of Children's Services, 436 6th Avenue North, Nashville, TN 37243-1290. T.C.A. § 36-1-111(p)(1), (2) and (4). Please Certify the copies on the page following the certification given by the Warden.
	warden.
В.	PART II ACCEPTANCE OF SURRENDER BY TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES OR A TENNESSEE LICENSED CHILD-PLACING AGENCY
STA CO	ATE OF) UNTY OF)
	Being duly sworn according to law, affiant would state:
1.	I,, an authorized representative of:
	a. Licensed Child-Placing Agency; or the bCounty Tennessee Department of Children's Services upon execution of Parts I and IIA. by the parent or guardian named therein before the Warden named therein, accept the surrender of: c. Name of Child DATE:
	Please Print:
	Name and Title of Authorized Representative
	Signature: Signature of Authorized Representative
SUI MU 2.	BSECTIONS 2a2d. MUST BE MARKED TO DESIGNATE THE APPLICABLE SITUATION. ONE OF THOSE SUBSECTIONS ST EXIST BEFORE THE SURRENDER CAN BE RECEIVED BY THE WARDEN: certify on behalf of:
	Tennessee Department of Children's Services;
	 Tennessee Department of Children's Services; a That my agency has physical custody of this child; or b That my agency has received the affidavit required by § 36-1-111 (d)(6) concerning the right to receive custody from the surrendering parent or guardian within five (5) days of the date of this surrender. The affidavit of the custodial parent or guardian to that effect has been attached with the acceptance at this time; or c My agency has the right to receive physical custody of the child upon his or her release from a hospital or health care facility, and the affidavit of the custodial parent or guardian to this effect required by § 36-1-111 (d)(6) has been attached with the acceptance at this time; or d That another person or agency has physical custody of the child. The affidavit of that person or agency required by § 36-1-111 (d)(6) which indicates their waiver of the right to custody of the child upon entry of an order of guardianship pursuant to § 36-1-136(r) has been attached to the acceptance at this time.
	 a That my agency has physical custody of this child; or b That my agency has received the affidavit required by § 36-1-111 (d)(6) concerning the right to receive custody from the surrendering parent or guardian within five (5) days of the date of this surrender. The affidavit of the custodial parent or guardian to that effect has been attached with the acceptance at this time; or c My agency has the right to receive physical custody of the child upon his or her release from a hospital or health care facility, and the affidavit of the custodial parent or guardian to this effect required by § 36-1-111 (d)(6) has been attached with the acceptance at this time; or d That another person or agency has physical custody of the child. The affidavit of that person or agency required by § 36-1-111 (d)(6) which indicates their waiver of the right to custody of the child upon entry of an order of guardianship

Pla		or a child brought into Tenne required.	presented to the court a copy of the Interstate of ssee for adoption or foster care. If the ICPC Fo	orm 100A is not
_	Not Applicable			
	ER AFFIANT SAITH NOT.			
	day of	20		
· · · · · · · · · · · · · · · · · · ·		_, 20		
		nd title of authorized represers or Tennessee Licensed Chil	ntative of Tennessee Department of Children's ld-Placing Agency	
	Signatu	ıre:		
Sworn t	o and subscribed before me th	is day of	, 20	
		NOTA	RY PUBLIC	
/ly com	mission expires:	·		
		CERTIFICATION OF WAR	DEN	
	1	·	(Name	
f Facili	ectional Facility) located at	oing copies of Parts I and II o	(Location of the Surrender Forms are true and accurate	
	This day of	, 20		
			Warden,(Name of Correctional Facility)	
	Sworn to and subscribed be	efore me this day of	, 20	
			NOTARY PUBLIC	
	My Commission Expires: _			
		CERTIFICATION OF TE	ENNESSEE CLERK	
	I,	, Clerk of the	Court of	
orms t	to be true and accurate copies	County, Tennesse	e, certify the foregoing copies of Parts I and II of	the Surrender
		Clerk c	of the Court o	f
			County, Tennesse (Seal)	e.
		PART	· III	
		CONTACT VETO F T.C.A. § 36-1	REGISTRATION	
	OF			

`		, ,	
СО	TNU	Y OF)	
		uly sworn according to law affiant would state:	
1.	I an		
	a.	Mother:	, or
	b.	Father:	, or
	c.	Father:	of:
2.	a.	Child's Name:	
	b.		
	C.	Child's Place of Birth:	
	d.	Child's Sex:	
	e.	Child's Sex:Child's Race:	
3.	a. b.	classes of eligible persons who, as may be per records or post adoption records and those record adopted person twenty-one (21) years of age or parents or step-parents, the birth or adopted sadopted person, or their legal representatives. periodically by changes to the law. I understand that no contact, whether by person whatsoever by those requesting persons or any with any person eligible to file a contact veto experience.	sted by the child I am surrendering (adopted person) and by certain other mitted by law, may have access to the sealed records, sealed adoption do in any other information. Those eligible persons currently include the older or their legal representative, the adopted person's birth or adopted ibilings or lineal descendants twenty-one years of age or older of the [T.C.A. § 36-1-127(c)]. The class of eligible persons may be revised and contact, correspondence or otherwise shall be made in any manner agent or other person acting in concert with those requesting persons accept as permitted by law. The sealed adoption record or post-adoption made available to the requesting party only after completion by the
		requesting party of a sworn statement agreeing themselves or in concert with any other person Department has completed a search of the Conhave contact with the requesting party. [T.C.A. violation of the law shall be guilty of a Class B contacted after filing a contact veto, I shall have	that he or she shall not contact or attempt to contact, in any manner, by sor entities, any of the persons eligible to file a contact veto until the stact Veto Registry to determine the willingness of the person sought to §§ 36-1-127(f); 36-1-130 and 36-1-131]. The person making contact in misdemeanor [T.C.A. § 36-1-132]. I also understand that should I be a cause of action in the Circuit or Chancery Court for injunctive relief and punitive damages, and attorneys fees against any person who has
4.	l un	nderstand that contact with me by an eligible person	n is governed by filing my intentions with the Contact Veto Registry.
5.	sho pay veto dete	ould I choose not to file a contact veto at this time, the necessary fees [T.C.A. § 36-1-129(b)]. I unoted contact with any eligible person, I will be of	stand there is no fee for filing with the Contact Veto Registry. However but wish to do so later, I understand I may do so, but will be required to derstand that should there be a request for contact with me and I have contacted and informed by the Department of Children's Services to be given the opportunity to vary or modify my request. [T.C.A. § 36-1]
6.	mea	ans of contact I wish to have with particular eligibl	licating my desires for contact, if any, with the eligible persons and the e persons. [T.C.A. § 36-1-111(k)(3)(B); § 36-1-127-36-1-131]. In doing drequest the necessary forms to complete and file with the Contact Veto
		CONTACT VETO REGISTRY POST ADOPTION SERVICES TENNESSEE DEPARTMENT OF CHILDREN'S \$ 436 6th Avenue North NASHVILLE, TENNESSEE 37243-1290	SERVICES
7.	a.	PLEASE COMPLETE THE FOLLOWING SO THE CONCERNING YOUR INTENTIONS REGARDING	HAT YOU MAY BE LOCATED IN THE FUTURE BY THE DEPARTMENT IG CONTACT:
		THIS INFORMATION MUST BE UPDATED WIT BE MADE.	H THE DEPARTMENT TO ENSURE THAT FUTURE CONTACT CAN
		Name (Including Birth & Married Names)	(Street/Rural Route/P. O. Box)
		\	\-\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

(Town/City)

(Home Telephone No.)

(State)

(Work Telephone No.)

(Zip Code)

8.

	(Street/Rural Route/P. O. Box)	(Town/City)	(State)	
	(Zip Code) (Wor	k Telephone)	(Home Telepho	one)	
	Is this address an address a person address to be used:	n requesting contact may u	se to write to you? Yes	□ No □.	If no, please share the
	(Street/Rural Route/P. O. Box)	,	(Town/City)	(State)	
	(Zip Code) (Wor	k Telephone)	(Home Telepho	one)	
	Are the telephone numbers the num YES □ NO □.			-++2 VE	
	If no, may the listed telephone num If no, please list telephone number(5 LI NO LI.
	(Work Telephone No.)	(Home Tele	ephone No.)		
	I wish to veto contact with the adop by law, to have access to the seale				
	The filing of a contact veto by you lineal ancestors, and the spouses of records opened. You may, however have to register a contact veto then have to register a contact veto at the these persons.	of those persons so that the er, exclude persons in those enselves or, upon location b	ey cannot be contacted be classes from this auton y the department, pursua	y a person natic cover ant to a sea	eligible to have the age so that they will arch request, they will
ı	I wish to exclude from the automatical (1) My siblings: Yes (4) The spouses of: (2) My lineal descendants: Yes (3) My lineal ancestors: Yes (a) siblings Yes (b) lineal descendants Yes (c) lineal ancestors Yes	No No	j:		
	, J	Relationship To	A	ddress	
	Name	Surrendering Person	Street. RR, P. O.		n, State, Zip
•	I wish to veto contact with: [T.C. (1) Any future siblings of the adop (2) A current spouse Yes (3) Future spouse of mine Yes (4) Any of my lineal descendants	🗖 No 🗖 Name of cu	□. urrent spouse		
	Please complete the following for any	known individuals:			
ı					

Rι	ıle 0)250-07-	·1309, d	continued)							
	;										
).	a.	be perm	onsent for itted by law with me.	v, to have acc	surrenderir	ng (adopted posealed records	erson) and s, sealed a	ALL othe doption re	r classes of cords or po	eligible per st adoption	sons who, as may record to have
	b.	I wish to	limit cons	sent to certai	n persons a	nd only give o	onsent for	contact w	ith the follow	wing classes	s of people:
		(2) The (3) The (4) The	e adopted pe adopted p	person person's adop person's adop person's linea esentatives o	otive siblings al descenda	s nts	Yes □	No □ No □	No □		
	c.	If contact	t is limited	to the legal r	epresentativ	ve of certain c	lasses of p	oersons, pl	ease descr	ibe:	
10.	any Tele	limitation phone	s or qualific	cations to the	se methods	sons requesti of contact)			Please che	ck all that a	oply and indicate
	Per	sonal con	tact, unanr	ounced 🗖 _						_	
	Per	sonal con	tact throug	h another pe	son. Pleas	e give name,	relationshi	p to you, if	any, and ir	nformation to	be released
		arding nov	v to contac	L.							
11.			ation I wish be provide		ased about r	me to any elig	ible persoi	ns (please	identify to v	whom and th	ne contents of the
12.	Sho	ould you w ch impact	ish no con your decis	tact with any ion, please s	other eligibl hare that inf	e persons but ormation here	wish to sh	nare a state	ement of yo	ur feelings,	or circumstances
13.				s information s Services.	be filed with	n the Contact	Veto Regis	stry at the	Post Adopt	ion Services	Unit of the
=UF	RTHE	R AFFIAI	NT SAITH	NOT.							
			-		20						
	natui		y 01			_ Mothe	•				
Jig	iiatui		Biologica Legal Gu	ıl Legal _	Fat	her					
Swo	orn to	and subs				ay of					
								Notary	Public		_

My com	mission expires			
	Please Print:			
		Warden of Sta	ate or Federal Penitentiary	
		Name of Fac	ility and Location	
	Signature:			
		Warden of St	tate or Federal Penitentiary	
Sworn to	and subscribed to before me this	day of	, 20	
			Notary Public	
My com	mission expires			
		CERTII	FICATION	
I, _	,	Warden of the _	Correcti _,County, State of	onal Facility located at
	, certify the foregoing nt executed before me.	copy of Part III o	f the Surrender Forms to be a true and acc	curate copy of the
		Wa	rden of State or Federal Penitentiary	
Sworn to	and subscribed before me this	day of	. 20	
		. ,		
			Notary Public	
My com	mission expires on	·		
		PA	RT IV	
	REVOCATION	OF SURRENDE	ER BY A PARENT OR GUARDIAN	
	REVOCATION	OI SOUNCEMBE	IN BY AT ARENT OR GOARDIAN	
STATE	OF			
COUNT	Y OF	_		
Being du	uly sworn according to law affiant would	state:		
1. I ar				
a. b.	Mother: Father:		, or . or	
C.	Legal Guardian:		, of:	
2. a.	Child's Name:			
b.	Child's Date of Birth:			
C.	Child's Place of Birth:			
d. e.	Child's Sex:Child's Race:			
2 0-				to to the obild named in
3. On #2 to:	(Date),	, i executed a suf	rrender of my parental or guardianship righ	is to the child named in
#2 ю. a.	Prospective Adoptive Parent(s)			
b.	Licensed Child-Placing Agency			
C.	Tennessee Department of Children's	Services		

4. The surrender was executed before:

(Rule 0250-07-13-.09, continued) (Warden of State or Federal Penitentiary) (Name of Facility and Location 5. I hereby revoke and void the surrender of the above-named child. FURTHER AFFIANT SAITH NOT. This the ____day of ___ ____, 20___. Biological ___ Legal ___ Mother __ Signature: Biological ___ Legal __ Father ____ Legal Guardian: _ Sworn to and subscribed before me this ____ day of _____, 20____. This Revocation of Surrender was received by me on the _____ day of ______, 20___. Please Print: Warden of State or Federal Penitentiary Name of Facility and Location Signature (See notes below): Warden of State or Federal Penitentiary Sworn to and subscribed before me this _____ day of _______, 20_____. Notary Public

NOTES TO COURT, OR OTHER PERSON AUTHORIZED TO RECEIVE A REVOCATION, AND TO THE CLERK:

- 1. If the judge or other person who received the surrender is unavailable or absent, the successor or substitute to that judge or person may accept the revocation, or in the absence of the judge or his or her successor, another judge with jurisdiction to receive a surrender (in another state or territory this would be the chancellor, judge, or clerk of a court of record) may accept the revocation. In the event the surrender was taken in another state or country, or before the warden of a state or federal penitentiary and there is no authorized successor to the person who received the surrender or that person is unavailable, the revocation may be taken by a court in Tennessee which is qualified to receive a surrender or by a court in another state, territory, or country with domestic relations jurisdiction to accept the revocation. T.C.A. § 36-1-112(a)(1).
- 2. The surrender must be revoked within ten (10) days including Saturdays, Sundays and legal holidays following the original execution of the surrender. T.C.A. § 36-1-112(a)(1). The revocation period will begin on the day following the signing of the surrender and will expire on the tenth (10th) day. If the tenth (10th) falls on a Saturday, Sunday or legal holiday, the last day for revocation will be the next day which is not a Saturday, Sunday or legal holiday.
- 3. The court or person receiving the revocation shall maintain the originals in the office of the clerk or the person receiving the surrender together with the original of the surrender or the adoption petition containing the parental consent, if available, and shall personally give, or by certified mail, return receipt requested, send certified copies of the revocation to the child's parent(s) or legal guardian(s), and to the prospective adoptive parents or the local office of the Tennessee Department of Children's Services or the licensed child-placing agency to whom the child was surrendered. See, T.C.A. § 36-1-112(c)(1).
- 4. a. A certified copy of the revocation shall be attached to a certified copy of the surrender or the petition for adoption containing the parental consent, and the clerk shall send these, within three (3) days by certified Mail, return receipt requested to:

Tennessee Department of Children's Services Central Office Adoption Services 436 6th Avenue North Nashville, TN 37243-1290

See, T.C.A. § 36-1-112(c)(2).

b. Please provide the certification on the page following this Revocation form.

My commission expires on ____

5. If the revocation must be executed before a court or person before whom the surrender was not executed or in which the adoption petition was not filed, the original of the revocation shall be sent within three (3) days to the court or person before whom the surrender was executed or where the adoption petition was filed and that court or person shall be responsible for sending the forms to the Tennessee Department of Children's Services Central Office and to the persons or agencies in #3 entitled to copies of the revocation. See, T.C.A. § 36-112(c)(2)(B).

I, _______, Warden of the ______ Correctional Facility located at ______, County, State of ______, certify the foregoing copy of the Revocation of Surrender to be a true and accurate copy of the Revocation of Surrender executed before me. Warden of State or Federal Penitentiary Sworn to and subscribed before me this ______ day of _______, 20____. Notary Public My commission expires on ______.

Authority: T.C.A. §§ 4-5-201, et seq., 36-1-111, 36-1-112, 36-1-125, 36-1-141, Public Chapter 532 (1995), and Executive Order #6, January 12, 1996. Administrative History: Original rule filed September 7, 2001; effective November 21, 2001. Emergency rule filed September 11, 2015; expired March 9, 2016.

0250-07-13-.10 SURRENDER DOCUMENTS FOR USE IN SURRENDERS DIRECTLY TO PROSPECTIVE ADOPTIVE PARENTS BY AN INMATE OF A STATE OR FEDERAL PENITENTIARY.

- (1) The following form is composed of four (4) Parts making a complete package which must be used at the time of surrender of child for adoption directly to prospective adoptive parents and must be completed by the inmate and the Warden of the penitentiary before a Notary Public. Parts I, II A. and III should be completed at the time of the surrender. Part II B. should be completed by the prospective adoptive parents prior to sending the form to the Warden for completion of the surrender. Copies of Parts I and II should be given to the person executing the surrender and to the prospective adoptive parents. Copies of Part III should be given to the person executing the surrender and should be sent directly to the Department by the Warden. Part IV, the revocation of surrender, which is part of the package, must be given to the parent or guardian at the time of the surrender.
- (2) The requirements for execution and processing of the forms are contained in T.C.A. §§ 36-1-111 and 36-1-112 and are noted in summary manner on the forms.
- (3) The information in these forms is confidential and is not to be released without the written approval of the court with domestic relations jurisdiction where the file is maintained.
- (4) Form:

FORMS FOR SURRENDER OF A CHILD BY A PARENT OR GUARDIAN INCARCERATED IN A STATE OR FEDERAL PENITENTIARY DIRECTLY TO PROSPECTIVE ADOPTIVE PARENTS

PART I PRE-SURRENDER INFORMATION

The following information is required by Tennessee Code Annotated § 36-1-111 and must be completed before the Warden of the correctional facility where the parent or guardian is incarcerated and sworn to before a Notary Public prior to execution of the surrender in PART II by the parent or legal guardian:

Note: Pseudonyms must not be used nor may spaces for the identities of persons whose names are known be left blank. The court shall require the persons executing these documents to prove their identities satisfactorily to him/her. T.C.A. § 36-1-111(g).

	Beir	ng duly sworn according to law, affiant would state:		
Ιa		_		
a.	Mot	her: (Dat	e of Birth)	_,or
b. c.	Fair	ner:(Da al Guardian:(Da	te of Birth)	_,Or _of:
С.	Leg	ai Guardian.	ite of biltinj	,01.
a.	Chil	d's Name		
b.	Chil	d's Date of Birth		
C.	CHIII	u s Place of Birth		
d. e.	Chil	d's Sexd's Race		
С.	Cilli	u s Nace		
Th	is child	d was born in wedlock □/ out of wedlock□.		
a.	(3)	Name:		
b.	(3)	Name: Relationship to the child: Address City, State Zip Telephone Number: Home: Other identifying information concerning the above identified		
C.	(2) (3)	parent/legal guardian. Name: Relationship to the child: Address City, State Zip Telephone Number: Home: Other identifying information concerning the above identified		
	\-/	parent/legal guardian.		

a. Legal parent

Yes ☐ No ☐

1.	•				
b. c. d.	Legal guardian	Yes No Yes No Yes No			
Th a b. c. d.	Legal guardian	rnown for the other: Yes □ No □ Yes □ No □ Yes □ No □ Yes □ No □			
b is	iological parent/legal	guardian has been() o	r will be given() to t	the prospective adoptiv	story concerning the other e parents to whom the abo rney for the prospective a
Inf	formation Concerning	Child's Native American	Heritage:		
a.	Are you or the child	d of Native American her	ritage? Yes 🗖 No		
b. c.		ible for tribal membership	o? Yes □ No		
d. e.	Are you registered	with a Native American	tribe? Yes □ No		_
f. g.		e for tribal membership?	Yes	s □ No □	_
h. i		en registered with a Nativ	e American tribe?	Yes □ No □	_
j.		unknown. Yes 🗆 No 🛭	כ		_
a.	Will this child be se Yes ☐ No ☐	ent out of Tennessee to a If no, go to #10.	another state or count	try for adoption?	
b.					
c.	If yes, Tennessee	law will govern the interp	retation of this surren	ider.	
of Ye	the above-named chi es ☐ No ☐	ceived or been promised ild or placement of this cl please complete the follo	hild for adoption?	remuneration of thing o	f value in connection with t
	Amount Paid	To Whom	By Whom	Date Received/Paid	Type Service/Cost
a.		n any real or personal pro	' '	If yes, please describe	the property owned and g
a.		, , ,	' '	If yes, please describe	the property owned and g
a.		, , ,	' '	If yes, please describe	the property owned and g

12.	a.	Only legal custody of the child? Yes □ No □ Only physical custody of the child? Yes □ No □							
	b.	Both legal and physical custody of the child? Yes No II If another person(s) holds legal custody of the child at this time, give the following information: Name:							
		Name: Relationship, if any, to you or the child: Address:							
		(Street, RR, P.O. Box) (Town/City) (State) (Zip) Telephone Number (Home) (Work) If another person(s) holds physical custody of the child at this time, give the following information:							
	C.								
		Relationship, if any, to you or the child:Address:							
		Address:							
	d. e.	Is the person(s) who holds custody the prospective adoptive parent? Yes \square No \square If a licensed child placing agency, the Department of Children's Services or another State agency holds physical and/or legal custody of your child, give the following information:							
		Name of Agency: Street/Rural Route/P.O. Box: Town/City: State: Zip:							
	f. g.	Do you intend to give custody to the prospective adoptive parents? Yes No Sexplain any other circumstances regarding the custody status of this child:							
13	a.	Are you aware of assistance which may be available to you to care for the child should you desire to parent this child?							
	b.	Yes ☐ No ☐ Do you desire counseling regarding such assistance which may be available to you or regarding other issues concerning							
		adoption or parenting from the Tennessee Department of Children's Services a licensed child-placing agency, a licensed clinical social worker, or other social service agency concerning the decision to place this child for adoption? Yes \square No \square							
	C.	Have you requested the prospective adoptive parents to provide such counseling for you? Yes □ No □ If not, go to #14.							
	d.	If so, has such counseling been made available to you by the prospective adoptive parents? Yes □ No □							
14.	b.	Do you desire to be represented by legal counsel at this surrender proceeding? Yes \square No \square If not, do you desire to consult with legal counsel prior to the execution of the surrender of the child? Yes \square No \square							
	C.	Have you requested the prospective adoptive parents to provide such counseling for you? Yes □ No □ If not, go to #15.							
	d.	If so, has such counseling been made available to you by the prospective adoptive parents? Yes ☐ No ☐							
15.	as p	you understand that if you sign the following surrender of the above-named child that you will have no right to act parent of the child in any manner whatsoever forever, that your rights and responsibilities to and with the child will perminated and that the child will become the legal child of other persons? Yes ☐ No ☐							
16.	a.	If you sign the surrender of the above-named child, do you understand that within ten (10) days from the date you sign the surrender, you may revoke or cancel this surrender by signing a paper called a <u>REVOCATION OF SURRENDER</u> before the warden who is here today, or his or her successor? Yes No							
	b.	By signing the surrender of the above named child on this date, (Mo/Day/Yr), the period of revocation of the surrender will begin on the day following the signing of the surrender, or (Mo/Day/Yr) The revocation period is ten (10) calendar days and will expire on the tenth (10th)							
		day or (Mo/Day/Yr) If the tenth (10th) day falls on a Saturday, Sunday or legal holiday, the last day for revocation will be the next day which is not a Saturday, Sunday or legal holiday. If this is the situation in this case, that date will be (Mo/Day/Yr) Do you understand this? Yes □ No □							
	c.	. Do you understand that if you do sign the Revocation of Surrender form within the ten (10) day period, the prospective adoptive parents will be required to return the child, if you currently have custody of the child, unless the court finds that to do so will likely result in immediate harm to the health and safety of the child, and that you may contest this decision not to return the child to you and you may have legal counsel to represent you in that proceeding? Yes No							

17. Knowing the above, do you freely, voluntarily and without duress or pressure by any other person(s) desire to surrender the above-named child so that the child may be placed for adoption and adopted by the prospective adoptive parents? Yes □ No □

FUR ⁻	ГНЕІ	R AFFIAN	T SAITH NO	Т.		
This	the _	day of		, 20		
		Sianatura	· Biological	ادمم ا	Mother	
	`	Jigilataic	Biological	Legal	Father	
			Legal Guard	_ <u>Logal</u> dian	1 44101	of
			Name of Ch	ild		
On th	nis	day d	of		, 20_	, personally appeared before me the State and County noted above, (Name of Parent or Guardian)
				, a Nota	ry Public for	the State and County noted above, (Name of Parent or Guardian)
					wh	acknowledged that the above document is correct to the best of
his/h	er int	formation	and belief.			
						Notary Public
My	.mm	iccion ovr	viron			Notary Public
iviy C	וווווו	iissioii exp	JII 65		·	
				Please	Print	
					Name	of the Warden of
					Correc	ctional Facility Located at
						(City, County and State of Facility
				Signatu	ıre:	
						Warden
05 46	io	dov	~ f		20	narganally appeared hafara ma
a Not	arv I	uay u Public for t	the State and	1 County noted a	, ZU_	, personally appeared before me, Warden of the
COTTE	ction	al facility	noted above	who acknowled	nes that he	she witnessed the completion of the pre-surrender information noted
abov		iai raomity	noted above,	wile dolliewice	goo that he	one without a the completion of the pre-surrender information noted
						Notary Public
Му с	omm	ission exp	oires			<u> </u>
						PART II
					R GUARDIA	N INCARCERATED IN A
	_	_	DERAL PEN			
	DIR	ECTLY TO	PROSPEC	TIVE ADOPTIVE	E PARENTS	
		_				
					_	
COU	NIY	OF			_	
		Doing dul	v owern ooo	ording to law affi	ont would of	oto:
		being dui	y sworn acco	duling to law alli	arit would St	ale.
1.	l am					
		Mother:				or
	b.					0.
	C.	Legal Gu	ardian:			of:
		g				
2.	a.	Child's Na	ame:			
	b.	Child's Da	ate of Birth:			
	c.	Child's Pi	ace of Birth:			
	d.	Child's Se	ex:			
	e.	Child's Ra	ace:			
						of my parental or guardianship rights to the child named above will be
	fore	er termina	ated and end	ed; that this chil	d will be add	opted by [Name(s) of prospective adoptive parent(s)]
						, and that I will have no further right to
	see i	this child	or to act as r	parent of this chi	ld or to othe	erwise be involved in the life of this child.

proceedings for the adoption of my child by other persons.
a. I have read and fully understand Part I of this document and fully understand that if I change my decision to surrender this child I must do so by ________(Date from # 16b. of Part I) by presenting the Revocation of Surrender Form, attached to this document, to the Warden who is conducting this proceeding, or his or her successor.

I understand that by signing this document, I will not be entitled to any notice, legal or otherwise, of any other legal

b. By my signature to this part, I acknowledge receipt of a copy of the Revocation of Surrender form.

		DF ANY KIND, SURRENDER ALL OF MY PARENTAL OR
a. Prospec b. Prospec	ctive Adoptive Motherctive Adoptive Father	
FURTHER AFFIA	NT SAITH NOT.	
This the day	of, 20	
Signature:	Biological Legal Biological Legal Father Legal Guardian	Mother
	y of, 20, a Notary Public forwho	the State and County noted above, (Name of Parent or Guardian) acknowledged that the above surrender of the child (Name of Child)
		Notary Public
My commission e	xpires	.
	Please Print:	
	Nam Corr	e of the Warden ofectional Facility Located ate
	Conv	ectional racinty Located at
		(City, County and State of Facility
	Signature:	
*See Note Below		Warden
On this day	y of, 20_	. personally appeared before me
	, a Notary Public for	the State and County noted above,
he/she witnessed	the signing of the surrender of the child	den of the correctional facility noted above, who acknowledges that
(1)	by ild)	(A) (B) (C) (B)
(Name of Ch	IId)	(Name of Parent/Guardian)
		Notary Public
My commission e	xpires	

NOTES TO WARDEN AUTHORIZED TO TAKE THE SURRENDER IN SECTION A:

- 1. A minor may complete the surrender to any person eighteen (18) years of age or older.
- 2. A separate medical/social history from for the child, the child's parent(s) and biological relatives must be completed under oath prior to execution of the surrender. T. C. A. § 36-1-111(k).
- 3. When applicable, as noted in Section B., all provisions of Section B. must be completed prior to your signing of the Surrender in Section A. T. C. A. § 36-1-111(k), (m) and (o).
- 4. Certified copies of Parts I and IIA must be given or sent to the person(s) executing the surrender. Certified copies of Part I, IIA and B are to be given to the prospective adoptive parents as noted in the Acceptance portion in Part B. Please certify copies of Parts I and II on the page following Part II. Part III should be certified on the page following Part III and sent to: Adoption Services, Tennessee Department of Children's Services, 436 6th Avenue North, Nashville, TN 37243-1290.

5. The originals of the Surrender forms shall be maintained in a separate file designated for the purpose, shall be confidential and shall not be inspected by anyone else without the written approval of a court with domestic relations jurisdiction where the file is maintained. T.C.A. § 36-1-111(p)(2)(B). After ten (10) days, the original shall be sent to the Adoption Services, Tennessee Department of Children's Services at: 436 6th Avenue North, Nashville, TN 37243-1290.

NOTES TO THE COURT IN TENNESSEE WHERE THE SURRENDER IS FILED:

- Parts I and II of the surrender forms surrender received pursuant to T.C.A. § 36-1-111(j) must be filed in the Chancery, Circuit, or Juvenile Court where the child resides within fifteen (15) days of the actual receipt of the Surrender or within fifteen (15) days of the date the child or persons to whom the child is surrendered become residents of Tennessee, whichever is earlier. T.C.A. § 36-1-111(q)(1).
- 2. When applicable, all provisions of Section B. must be completed before entry of an Order of Full or Partial Guardianship. T.C.A. § 36-1-111(k), (m) and (o).
- 3. The surrender itself is not sufficient to vest custody or guardianship authority with the prospective adoptive parents. T.C.A. § 36-1-111(r)(2). Upon satisfactory completion of the necessary requirements in Section B. below, and execution of Parts I and II A. by the parent or legal guardian, the court may enter an Order of Full or Partial Guardianship for the prospective adoptive parent(s). T.C.A. § 36-1-111(r)(6)(C). This should be done within thirty (30) days of the execution of the surrender. T. C. A. § 36-1-111(u).
- 4. If a full home study of the prospective adoptive parent(s)' home has not been conducted within six (6) months of the date of the execution of this surrender, the court shall, if the surrender is to persons who are not related [T.C.A. § 36-1-102(39)] to the child, issue an Order of Reference for such home study to, and shall order supervision of the child in the home of the prospective adoptive parents by, a licensed child-placing agency, a licensed clinical social worker, or if the prospective adoptive parents are indigent under Federal Poverty Guidelines, to the Tennessee Department of Children's Services. The home study is to be returned to the court within sixty (60) days. See, T.C.A. § 36-1-111(t).

NOTES TO THE CLERK IN TENNESSEE;

١.	The copies of the surrender forms filed by the prospective adoptive parent(s) with this court shall be entered in a special docket for surrenders and shall be styled "In Re" and
	(Child's Name)
	shall be permanently filed by the court in a separate file for that purpose, and shall be confidential and shall not be inspected by anyone else without the written approval of the court. T.C.A. § 36-1-111(p)(1) and (2).

2. Within five (5) days of the execution of the surrender, a certified copy Parts I and II filed with this court shall be sent, without cost, to: Adoption Services, Tennessee Department of Children's Services, 436 6th Avenue North, Nashville, TN 37243-1290. T.C.A. § 36-1-111(p)(1)(2) and (4.) Please Certify the copies on the page following the certification by the Warden.

PART II

B. ACCEPTANCE OF SURRENDER BY PROSPECTIVE ADOPTIVE PARENTS

		OF) Y OF)		
		Being duly sworn, affiant(s) would state:		
1.	a. b. c. d.	Prospective Adoptive Mother's Date of Birth Prospective Adoptive Mother's Marital Status Prospective Adoptive Mother's Address		-
2.	a. b. c. d.	I am Prospective Adoptive Father's Date of Birth Prospective Adoptive Father's Marital Status Prospective Adoptive Father's Address	, Prospective Adoptive Father.	
3.		on execution of Parts I and IIA. by the parent or guardi- render is accepted agree to assume resp (I/We)		d therein where the

ul	e 0250-07-1310, continued)		
- 9	(Name of Child) surrender [See, T.C.A. § 36-1-111(u)], and we agr medical care, education, moral, and spiritual traini	ee, therefore,	t order within thirty (30) days of the date of this to be responsible for the care, custody, financial support, d.
-	The following costs have been paid by f	or activities in	nvolving the placement of this child.
	Amount Paid To Whom	Date Paid	Type Service/Cost
-	7 III Carrella Carrel	2410 . 4.4	Licensed Child Placing Agency
-			Licensed Clinical Social Worker
-			Legal Counsel
-			
			Other Person/Organization Specify:
			Social Counseling Cost for Child's Parent/Legal uardian
-		G	Legal Counseling for Child's Parent/Legal Guardian
-			Hospital or Medical Costs for the Birth of the Child
			Medical Care/Other Birth Related Expenses for Mother
-		ar	nd/or Child Counseling Fees for Child
_			
			Food, Maternity Clothing, Child's Clothing
			Housing and/or Utilities for Parent/Guardian
			Other Costs (Specify to Whom)
ć	T EXIST BEFORE THE SURRENDER CAN BE R a I/We have physical custody of this c	hild; or	
			rom the parent or legal guardian within five (5) days of thi he custodial parent or guardian to this effect has been attache
			the child upon his or her release from a hospital or health carn to this effect required by § 36-1-111 (d)(6) has been attache
		§ 36-1-111	control of the child. I/We have attached to the acceptance, the (d)(6) which indicates their waiver of the right to custody of the l-136(r).
	SECTIONS 6-9 <u>MUST</u> BE ANSWERED "YES" OI DMPLETED BY THE WARDEN:	R <u>MUST</u> BE I	MARKED "NOT APPLICABLE" BEFORE THE SURRENDER
ł			e or updated home study or preliminary home study of my/ounsed clinical social worker, or the Tennessee Department of
	Yes No I/We have attached the certificate requested by the surrendering parent. See Item #8		mpletion of ()legal/()social counseling if counseling wan Part I. □Not Applicable.
			oster care or adoption, I/we have attached a copy of the ICPC a sworn statement stating why such form is not required by the
(Yes ☐ No ☐ I/We have attached a statement th of the child's Native American heritage, there has ☐Not Applicable.		n Child Welfare Act, 25 U.S.C. § 1901 et seq. applies becausence with the Act.

SUBSECTION 10 MUST BE ANSWERED "YES", OR ITEM b. $\underline{\text{MUST}}$ EXPLAIN HOW COMPLIANCE WILL BE EFFECTED:

	$\ \square$ No $\ \square$ a. If the child is to be removed from Interstate Compact or the Placement of Children			there has been compliance with
b.	If not, how will it be effected?			
FURTHE	R AFFIANT(S) SAITH NOT			
This	day of, 20			
			Signature of Prospective Ad	optive Mother
		į	Signature of Prospective Ad	optive Father
Sworn to	and subscribed before me this day of		, 20	
			NOTARY PUBLIC	
My comm	nission expires:			
		CERTIFICA	TION OF WARDEN	
of Facility	I,, tional Facility) located at, hereby certify that the foregoing copies of Part the documents executed before me.	, Warden of the	e Surrender Forms are true	(Name (Location and accurate
	This day of, 20	.·		
		Warden, _		
		(Name of Correctional Facili	ty)
	Sworn to and subscribed before me this	day of	, 20	
		į	NOTARY PUBLIC	
	My Commission Expires:			
	CERTIFICAT	ION OF TENN	ESSEE CLERK	
1	I,, C County,	Clerk of the	ertify the foregoing copies o	Court of f Parts I and II of the Surrender
Forms to	be true and accurate copies of the documents fi	iled with this C	ourt.	
		Clerk of the	e	Court of county, Tennessee.
				(Seal)

PART III CONTACT VETO REGISTRATION T.C.A. § 36-1-111(k)(3)

ST	ATE (OF)	
		Y OF)	
Bei	ng du	lly sworn according to law affiant would state:	
1.	I an	n:	
	a.	Mother:	, or
	b.	Father:	, or
	C.	Legal Guardian:	of:
2.	a.	Child's Name:	
	b.	Child's Date of Birth:	
	C.	Child's Place of Birth:	
	d.	Child's Sex:	
	e.	Child's Race:	

- 3. a. I understand that contact with me may be requested by the child I am surrendering (adopted person) and by certain other classes of eligible persons who, as may be permitted by law, may have access to the sealed records, sealed adoption records or post adoption records and those records in any other information. Those eligible persons currently include the adopted person twenty-one (21) years of age or older or their legal representative, the adopted person's birth or adopted parents or step-parents, the birth or adopted siblings or lineal descendants twenty-one years of age or older of the adopted person, or their legal representatives. [T.C.A. § 36-1-127(c)]. The class of eligible persons may be revised periodically by changes to the law.
 - b. I understand that no contact, whether by personal contact, correspondence or otherwise shall be made in any manner whatsoever by those requesting persons or any agent or other person acting in concert with those requesting persons, with any person eligible to file a contact veto except as permitted by law. The sealed adoption record or post-adoption record requested by eligible persons shall be made available to the requesting party only after completion by the requesting party of a sworn statement agreeing that he or she shall not contact or attempt to contact, in any manner, by themselves or in concert with any other persons or entities, any of the persons eligible to file a contact veto until the Department has completed a search of the Contact Veto Registry to determine the willingness of the person sought to have contact with the requesting party. [T.C.A. §§ 36-1-127(f); 36-1-130 and 36-1-131]. The person making contact in violation of the law shall be guilty of a Class B misdemeanor [T.C.A. § 36-1-132]. I also understand that should I be contacted after filing a contact veto, I shall have a cause of action in the Circuit or Chancery Court for injunctive relief and damages, including both compensatory and punitive damages, and attorneys fees against any person who has contacted, attempted to contact, or caused me to be contacted [T.C.A. § 36-1-132].
- 4. I understand that contact with me by an eligible person is governed by filing my intentions with the Contact Veto Registry.
- 5. By filing with the execution of this surrender, I understand there is no fee for filing with the Contact Veto Registry. However, should I choose not to file a contact veto at this time, but wish to do so later, I understand I may do so, but will be required to pay the necessary fees [T.C.A. § 36-1-129(b)]. I understand that should there be a request for contact with me and I have vetoed contact with any eligible person, I will be contacted and informed by the Department of Children's Services to determine my desires for contact at that time and will be given the opportunity to vary or modify my request. [T.C.A. § 36-1-130(b)(1)].
- 6. I understand that I may vary this contact veto by indicating my desires for contact, if any, with the eligible persons and the means of contact I wish to have with particular eligible persons. [T.C.A. § 36-1-111(k)(3)(B); § 36-1-127-36-1-131]. In doing so, I understand I must write to the address below and request the necessary forms to complete and file with the Contact Veto Registry:

CONTACT VETO REGISTRY
POST ADOPTION SERVICES
TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES
436 6th AVENUE NORTH
NASHVILLE, TENNESSEE 37243-1290

7. a. PLEASE COMPLETE THE FOLLOWING SO THAT YOU MAY BE LOCATED IN THE FUTURE BY THE DEPARTMENT CONCERNING YOUR INTENTIONS REGARDING CONTACT:

THIS INFORMATION MUST BE UPDATED WITH THE DEPARTMENT TO ENSUR	RE THAT FUTURE CONTACT CAN
BE MADE.	

	Name (Including Birth & Married	Names)	(Street/Rural Route/P. O. Box)				
	(Town/City)	(State)		(Zip Code)	_,		
	(Home Telephone No.)	(Work Telephone	• No.)				
b.	Is this address an address the de Yes ☐ No ☐ If no, please share	rding contact.					
	(Street/Rural Route/P. O. Box)	,	(Town/City)	(State)	_		
	(Zip Code) (W	/ork Telephone)	(Home T	elephone)			
C.	Is this address an address a persaddress to be used:	son requesting contact m	ay use to write to you	? Yes □ No □.	If no, please share the		
	(Street/Rural Route/P. O. Box)	,	(Town/C	ity) (State)	_		
	(Zip Code) (W	/ork Telephone)	(Home T	elephone)	- •		
d.	Are the telephone numbers the n YES ☐ NO ☐. If no, may the lis YES ☐ NO ☐. If no, please list t	sted telephone numbers I	oe shared with eligible	persons reques			
	(Work Telephone No.)	,(Home	Telephone No.)				
8. a.	I wish to veto contact with the a by law, to have access to the se	dopted person and all orealed records, sealed ad-	ther classes of eligible option records or post	e persons, who radoption record	may, as may be permitte I to have contact with me		
b.							
C.	(2) My lineal descendants: Ye (3) My lineal ancestors: Ye (4) The spouses of: (a) siblings Ye (b) lineal descendants Ye	es	wing:				
Please	complete the following for any know	vn individuals:					
	Please complete the following for a						
		Relationship To		Address			
	Name	Surrendering Pers		, P. O. Box, Tov	vn, State, Zip		
d.	I wish to veto contact with: [T. (1) Any future siblings of the add (2) A current spouse (3) Future spouse of mine (4) Any of my lineal descendants	Yes No Yes No No	No □. Name of current spou	se			

Please complete the following for any known individuals:

			Relationship To	Address	
		Name	Surrendering Person	Street. RR, P. O. Box, Town	n, State, Zip
		_			
9.	a.	I give consent for the child I am sur be permitted by law, to have access contact with me.			
	b.	I wish to limit consent to certain pe	rsons and only give consen	t for contact with the following cla	sses of people:
		 (1) The adopted person (2) The adopted person's adoptive (3) The adopted person's adoptive (4) The adopted person's lineal de (5) The legal representatives of ar 	e parents Yes I No scendants Yes I No	0	
		. ,	•		
	C.	If contact is limited to the legal repre	esentative of certain classes	of persons, please describe:	
10.	any Tele Lett	sh the following types of contact by the limitations or qualifications to these rephoneerserssonal contact, unannounced	nethods of contact)	· 	at apply and indicate
	Per:	sonal contact, prearranged with me C sonal contact through another person arding how to contact:	J, either via phone ☐ or col . Please give name, relatio	respondence respo	on to be released
11.		er information I wish to have released rmation to be provided)	l about me to any eligible pe	ersons (please identify to whom a	nd the contents of the
12.		ould you wish no contact with any other chimpact your decision, please share		to share a statement of your feelin	ngs, or circumstances
13.		ereby request that this information loartment of Children's Services.	pe filed with the Contact \	eto Registry at the Post Adopt	ion Services Unit of the
FUF	RTHE	R AFFIANT SAITH NOT.			
This	the	day of, 20_			
Sigi	natui	Biological LegalF	Mother father		
Swo	rn to	and subscribed to before me this	day of	, 20	

				Notary Public
Му	comn	nission expires	<u> </u>	Notary Fublic
		Please Print:		
		riodoc i init.	Warden of State or	Federal Penitentiary
			Name of Facility and	d Location
		Signature:	Warden of State or	Federal Penitentiary
Swe	orn to	and subscribed to before me this		•
Swc	טווונט	and subscribed to before the this	uay oi	, 20
Му	comn	nission expires	·	Notary Public
			CERTIFICAT	TION
			Warden of the	Correctional Facility located at
				County, State of
doc	umen	, certify the foregoing of the executed before me.	copy of Part III of the S	Surrender Forms to be a true and accurate copy of the
			Warden	of State or Federal Penitentiary
				,
Swo	orn to	and subscribed before me this	day of	, 20
				Notary Public
My	comn	nission expires on		
,				
			PART IV	
		REVOCATION	OF SURRENDER BY	A PARENT OR GUARDIAN
STA	ATE C	OF / OF		
		ly sworn according to law affiant would	state.	
1.	I am a.	n: Mother:		, or
	b.	Father:		, or
	C.	Legal Guardian:		
2.	a.	Child's Name:		
	b. C.	Child's Date of Birth: Child's Place of Birth:		
	d.	Child's Sex:		
	e.	Child's Race:		
3.		(Date),	I executed a surrende	er of my parental or guardianship rights to the child named in
#2 t	o: a.	Prospective Adoptive Parent(s)		
	b.	Licensed Child-Placing Agency		

	C.	Tennessee Department of Children's Se	ervices
4.	The s	surrender was executed before:	Warden of State or Federal Penitentiary
		Name of Facility and Location	
5.	I here	eby revoke and void the surrender of the	above-named child.
FUF	RTHER	AFFIANT SAITH NOT.	
This	s the _	day of, 20	
Sigi	nature:	Biological Legal	MotherFather
Swo	orn to a	and subscribed before me this day	of
This	s Revo	cation of Surrender was received by me	on the, 20
			Warden of State or Federal Penitentiary Name of Facility and Location
		Signature (See notes below):	Warden of State or Federal Penitentiary
Swo	orn to a	and subscribed before me this day	of, 20
Му	commi	ssion expires on	Notary Public

NOTES TO COURT, OR OTHER PERSON AUTHORIZED TO RECEIVE A REVOCATION, AND TO THE CLERK:

- 1. If the judge or other person who received the surrender is unavailable or absent, the successor or substitute to that judge or person may accept the revocation, or in the absence of the judge or his or her successor, another judge with jurisdiction to receive a surrender (in another state or territory this would be the chancellor, judge, or clerk of a court of record) may accept the revocation. In the event the surrender was taken in another state or country, or before the warden of a state or federal penitentiary and there is no authorized successor to the person who received the surrender or that person is unavailable, the revocation may be taken by a court in Tennessee which is qualified to receive a surrender or by a court in another state, territory, or country with domestic relations jurisdiction to accept the revocation. T.C.A. § 36-1-112(a)(1).
- 2. The surrender must be revoked within ten (10) days including Saturdays, Sundays and legal holidays following the original execution of the surrender. T.C.A. § 36-1-112(a)(1). The revocation period will begin on the day following the signing of the surrender and will expire on the tenth (10th) day. If the tenth (10th) falls on a Saturday, Sunday or legal holiday, the last day for revocation will be the next day which is not a Saturday, Sunday or legal holiday.
- 3. The court or person receiving the revocation shall maintain the originals in the office of the clerk or the person receiving the surrender together with the original of the surrender or the adoption petition containing the parental consent, if available, and shall personally give, or by certified mail, return receipt requested, send certified copies of the revocation to the child's parent(s) or legal guardian(s), and to the prospective adoptive parents or the local office of the Tennessee Department of Children's Services or the licensed child-placing agency to whom the child was surrendered. See, T.C.A. § 36-1-112(c)(1).
- 4. a. A certified copy of the revocation shall be attached to a certified copy of the surrender or the petition for adoption containing the parental consent, and the clerk shall send these, within three (3) days by certified mail, return receipt requested to:

Tennessee Department of Children's Services Central Office Adoption Services 436 6th Avenue North Nashville, TN 37243-1290

See, T.C.A. § 36-1-112(c)(2).

- b. Please provide the certification on the page following this Revocation form.
- 5. If the revocation must be executed before a court or person before whom the surrender was not executed or in which the adoption petition was not filed, the original of the revocation shall be sent within three (3) days to the court or person before whom the surrender was executed or where the adoption petition was filed and that court or person shall be responsible for sending the forms to the Tennessee Department of Children's Services, Central Office and to the persons or agencies in #3 entitled to copies of the revocation. See, T.C.A. § 36-112(c)(2)(B).

CERTIFICATION

l,	, Warden of the	
, certi, certi, Revocation of Surrender execut	fy the foregoing copy of the Revocation of S ed before me.	County, State of urrender to be a true and accurate copy of the
	Warden of Stat	e or Federal Penitentiary
Sworn to and subscribed before	me this day of	, 20
	Nota	ry Public
My commission expires on		

Authority: T.C.A. §§ 4-5-201, et seq., 36-1-111, 36-1-112, 36-1-125, 36-1-141, Public Chapter 532 (1995), and Executive Order #6, January 12, 1996. Administrative History: Original rule filed September 7, 2001; effective November 21, 2001. Emergency rule filed September 11, 2015; expired March 9, 2016.

0250-07-13-.11 PARENTAL CONSENT FORM USED IN CONFIRMATION OF CONSENT PROCEEDING BEFORE THE COURT.

- The following form is composed of four (4) Parts making a complete package which must be used in situations pursuant to T.C.A. 36-1-117(g) where the parent of a child sought to be adopted has signed the adoption petition for the purpose of giving consent to the adoption of the child by the prospective, unrelated, adoptive parents and the Court, pursuant to that provision has set a hearing for the purpose of confirming this consent. The completion of the information in this form is required as part of the confirmation process by the Court before the parent's rights can be considered to be terminated by the parental consent and before orders or quardianship can be entered. The information in Section B of Part I must be obtained prior to entry of an order of quardianship based on a parental consent executed in an adoption petition by unrelated persons and may be obtained prior to and separately from Part A in order to obtain the order of guardianship. Parts I A., II and III should be completed at the time of the confirmation of the parental consent. Copies of Parts I and II should be given to the person executing the surrender and to the prospective adoptive parents. Copies of Part III should be given to the person executing the surrender and should be sent directly to the Department by the Clerk. Part IV, the revocation of surrender, which is part of the package, must be available to the parent at the time of the confirmation of the parental consent.
- (2) The requirements for execution and processing of the forms are contained in T.C.A. §§ 36-1-111(k)(l)(m),(o) and (r) and 36-1-117(g) and are noted in summary manner on the forms.

- (3) The information in these forms is confidential and is not to be released without the written approval of the court.
- (4) Form:

FORMS FOR USE IN CONFIRMATION OF PARENTAL CONSENT FILED WITH ADOPTION PETITION PURSUANT TO T.C.A. § 36-1-117(g) AND FOR OBTAINING ORDER OF GUARDIANSHIP PURSUANT TO T.C.A. § 36-1-111(o) & (r)

PARTI

A. PRE-CONFIRMATION INFORMATION

The following information is required by Tennessee Code Annotated §§ 36-1-117(g) and 36-1-111(k) and must be obtained under oath by the court prior to entry of an order pursuant to T.C.A. § 36-1-117(g) confirming the parental consent filed with the adoption petition.

Note: Pseudonyms must not be used nor may spaces for the identities of persons whose names are known be left blank. The court shall require the persons executing these documents to prove their identities satisfactorily to the court. T.C.A. § 36-1-111(g).

ST/ CO	TE (OF_ Y OF)		
Bei	ng du	ıly sw	orn according to law, affiant would state:		
1.	I an a. b.	Mot Fath	her: (Date of Birth) ner: (Date of Birth)	,or ,or	
2.	a. b. c. d. e.	Chil Chil Chil	d's Name		
3.	This	s child	d was born in wedlock □/ out of wedlock□.		
4.	Sta chil		e names and relationships of any other legal/biological parent, legal guardian or p	ossible biologica	I parent for this
	a.	(2) (3)	Name:		
	b.	(1) (2) (3) (4) (5) (6)	Name:	I	and
	c.	(1) (2)	Name:		

	((4) (5)	Address City, State Zip Telephone Nur Other identifyir parent/legal gu	mber: H			Work e above identifie		ther legal or biologi	 _ _ cal	
5.	a. I b. I c. I	Lega Biolo Lega	ogical parent al guardian	or the o Yes Yes Yes Yes Yes Yes	No □ No □ No □						
6.	a. I b. I c. I	Lega Biolo Lega	ogical parent al guardian	Yes □	No □ No □ No □						
7.	biolog	gical ing	parent/legal gu	ıardian l	nas been()	or will	be given() to	the	prospective adoptiv	story concerning the or re parents to whom the prospect	ne above child
8.	a.	Are your lf year lf year ls you lf year lf yea	on Concerning of you or the child, go to # 9. s, are you eligibles, give name of you registered with the child eligibles, give name of your child been s, give name of information is unformation is united.	of Nativole for tribe vith a Nativole tribe for tribe registe tribe tribe	re American h ibal membersl ative American al membership red with a Nat	eritage nip? Ye n tribe' o? ive Am	es No No (0 🗖	Yes • No •		
9.	b.	Yes If ye	□ No □ s, name of state	If no, go or cou	o to #10. ntry.		ner state or cour		·		
10.	Have of the Yes If no,	you abo N go t	been paid, recove-named child	eived or d or plac	been promise ement of this	ed any	money or other			of value in connection	n with the birth
			Amount Paid		To Whom		By Whom		Date Received/Paid	Type Service/Cost	_
											- - - -

property value:

11 a. Does the child own any real or personal property? Yes \square No \square If yes, please describe the property owned and give the

	b.	Is it expected that the child will become possessed of any real or personal property? Yes No If, please describe property, who currently owns the property, the time and circumstances under which the child becomes owner and give the property value:
12.	a.	Do you currently have: Only legal custody of the child? Yes
	b.	If another person(s) holds legal custody of the child at this time, give the following information:
		Name: Relationship, if any, to you or the child:
		Address:(Street, RR, P.O. Box) (Town/City) (State) (Zip)
	c.	Telephone Number (Home) (Work) If another person(s) holds physical custody of the child at this time, give the following information:
		Name: Relationship, if any, to you or the child: Address:
		(Street, RR, P.O. Box) (Town/City) (State) (Zip) Telephone Number (Home) (Work)
	d. e.	Is the person(s) who holds custody the prospective adoptive parent? Yes No If a licensed child placing agency, the Department of Children's Services or another State agency holds physical and/or legal custody of your child, give the following information: Name of Agency:
		Street/Rural Route/P.O. Box:
	f. g.	Town/City: State: Zip: Have you given custody of the child to the prospective adoptive parents? Yes
13	a.	Are you aware of assistance which may be available to you to care for the child should you desire to parent this child?
	b.	Yes ☐ No ☐ Do you desire counseling regarding such assistance which may be available to you or regarding other issues concerning
		adoption or parenting from the Tennessee Department of Children's Services a licensed child-placing agency, or a licensed clinical social worker concerning the decision to place this child for adoption? Yes ☐ No ☐
14.	a. b.	Do you desire to be represented by legal counsel at this confirmation proceeding? Yes ☐ No ☐ If not, do you desire to consult with legal counsel prior to the confirmation of your parental consent for the adoption of this child? Yes ☐ No ☐
15.	con	you understand that if the court confirms the parental consent executed by you in the adoption petition cerning the above-named child that you will have no right to act as parent of the above-named child in any oner whatsoever forever, and that the child will become the legal child of other persons? Yes ☐ No ☐
16.	a.	Do you understand that you may revoke or cancel the parental consent you previously gave for the adoption of the above-named child in the adoption petition by signing a paper called a Revocation of Parental Consent before the judge who is here today? Yes \square No \square
	b.	Do you wish to revoke or cancel your parental consent? Yes ☐ No ☐
	c.	Do you understand that if you do sign the Revocation of Parental Consent, the prospective adoptive parents will be required to return the child, <u>unless</u> the court finds that to do so will likely result in immediate harm to the health and safety of the child, and that you may contest this decision not to return the child to you and you may have legal counsel to represent you in that proceeding? Yes \square No \square

17.	Knowing the above, do you freely, voluntarily and without duress or pressure by any other person(s) desire to allow the above-named child to be adopted by the prospective adoptive parents? Yes □ No □							
	FURTHER,	AFFIANT SAITH NOT.						
	This the	day of 20	_•		nsent der to			
	Signature:		Nother Father	of				
				Name of Child				
	Sworn to	o and subscribed before me	this the day of	, 20				
	Ple	ease Print:						
			Chanc of	ellor,Circuit Judge County, Tennessee				
	Siç	nature:						
			Chancellor	Circuit Judge				
В.	AFFIDAVIT C	OF COMPLIANCE BY PRO T. C. A. §§		PARENT(S) I(r) (6) (A) and 36-1-117 (g)				
NOT	execute		unrelated persons and	ntry of an order of guardianship based on a parental cons may be obtained prior to and separately from Part A in orde				
STA COL	TE OF TENN	ESSEE	<u>)</u>					
Beir	ng duly sworn,	affiant(s) would state:						
1.	a. I am			Prospective Adoptive Mother.				
	b. Prospec	tive Adoptive Mother's Date	e of Birth					
2.	a. I am			Prospective Adoptive Father.				
	b. Prospec	tive Adoptive Father's Date	of Birth	Prospective Adoptive Father.				
	c. Prospecd. Prospec	tive Adoptive Father's Placetive Adoptive Father's Marit	al Status					
3.		agree to assume responsib	ility for obtaining guardia	anship of				
	(I/We)		through court	order within thirty (30) days of the date of this				
	(Name of Child)							
		<u>ee,</u> T.C.A. § 36-1-111(u)], an , education, moral, and spiri		to be responsible for the care, custody, financial support,				
4.	The following	costs have been paid by (me/u		volving the placement of this child.				
		(IIIC/V	13)					
	Amount Paid	To Whom	Date Paid	Type Service/Cost				
	<u> </u>			Licensed Child Placing Agency				
				Licensed Clinical Social Worker				
				Legal Counsel				
				Other Person/Organization				
				Specify:				
				Social Counseling Cost for Child's Parent/Legal Guardian				

			T
			Legal Counseling for Child's Parent/Legal Guardian
			Hospital or Medical Costs for the Birth of the Child
			Medical Care/Other Birth Related Expenses for Mother and/or Child
			Counseling Fees for Child
			Food, Maternity Clothing, Child's Clothing
			Housing and/or Utilities for Parent/Guardian
			Other Costs (Specify to Whom)
MU:	<u>ST</u> E A. § 3	CTIONS 5a5d. MUST BE MARKED TO DESIGNATE THE A XIST BEFORE PARENTAL CONSENT CAN BE THE BASIS 6-1-111(o): I/We have physical custody of this child; or	
5.	b.	I/We will receive physical custody of the child from surrender. The affidavit required by § 36-1-111 (d)(6) of presented to the court at this time; or	om the parent or legal guardian within five (5) days of this if the custodial parent or guardian to this effect has been
	C.		ne child upon his or her release from a hospital or health care ian to this effect required by § 36-1-111 (d)(6) has been
	d.		control of the child. I/We have presented to the court an (6) which indicates their waiver of the right to custody of the 136(r).
		CTIONS 6-9 <u>MUST</u> BE ANSWERED "YES" OR <u>MUST</u> BE MA MATION AND ORDER OF GUARDIANSHIP IS ENTERED BY	
6.	my/		ective or updated home study or preliminary home study of ensed clinical social worker, or the Tennessee Department of
7.		No □ I/We have attached the certificate of the compuested by the consenting parent. See Item #s 13 and 14 in Parent.	pletion of ()legal/()social counseling <u>if</u> counseling was rt I above. □Not Applicable.
8.	100 ICP		ster care or adoption, I/we have attached a copy of the ICPC sworn statement stating why such form is not required by the
9.	of th	no □ No □ I/We have attached a statement that if the Indian ne child's Native American heritage, there has been compliant of Applicable.	Child Welfare Act, 25 U.S.C. § 1901 et seq. applies because ce with the Act.
SUE	BSEC	CTION 10 MUST BE ANSWERED "YES", OR ITEM b. MUST	EXPLAIN HOW COMPLIANCE WILL BE EFFECTED:
10.		no □ No □ a. If the child is to be removed from Tennessee fo Interstate Compact or the Placement of Children. □ Not Ap	r adoption in another state, there has been compliance with oplicable.
	b.	If not, how will it be effected?	
FUF	RTHE	R AFFIANT(S) SAITH NOT	
This	s	day of, 20	

	Signature of Prospective Adoptive Mother
	Signature of Prospective Adoptive Father
Sworn to and subscribed before me this day of _	, 20
Please Print:	Chancellor,Circuit Judge ofCounty, Tennessee
*See Notes Below Before	Chancellor or Circuit Judge

*See Notes Below Before Signing

NOTES TO THE COURT:

- 1. Please see T. C. A. § 36-1-102(13), 36-1-111 and 36-1-117(g) for the use of parental consents.
- 2. A separate medical/social history form for the child, the child's parent(s), and biological relative, must be completed under oath prior to entry of the Order Of Confirmation. T. C. A. § 36-1-111(k).
- 3. When applicable, as noted above, all provisions of Section B. must be completed as directed prior to entry of the Order of Full or Partial Guardianship and prior to entry of the Order of Confirmation. T. C. A. § 36-1-111(k), (m) and (o).
- 4. The parental consent is not sufficient to vest custodial or guardianship authority with the prospective adoptive parent(s). T. C. A. § 36-1-111(r) (2). Upon satisfactory completion of the above necessary requirements and execution of Part B. in the Pre-Confirmation Form of Part I by the prospective adoptive parent(s), the court may enter an order of Full or Partial Guardianship for the Prospective Adoptive Parent(s). T. C. A. § 36-1-111(r)(6)(C). This should be done within thirty (30) days of the execution of the Parental Consent. T. C. A. § 36-1-111(u).
- 5. If a full home study of the prospective adoptive parent(s)' home has not been conducted within six (6) months of the filing of the parental consent, the court shall, if the parental consent is to persons who are not related [T. C. A. § 36-1-102(39)] to the child, issue an Order of Preference for such home study to, and shall order supervision of the child in the home of the prospective adoptive parent(s) by a licensed child-placing agency, a licensed clinical social worker, or if the prospective adoptive parent(s) are indigent under Federal Poverty Guidelines, by the Tennessee Department of Children's Services. The home study shall be returned to the court within sixty (60) days. T.C.A. § 36-1-111(t).

NOTES TO THE CLERK:

- 1. Certified copies of Parts I and II should be given to the parent(s) executing the parental consent and to the prospective adoptive parent(s). These copies shall be certified on the page following Part II.
- 2. The originals shall remain in the court file.
- 3. Certified copies of Part I, II and III should be sent to: Adoption Services, Tennessee Department of Children's Services, 436 6th Avenue North, Nashville, TN 37243-1290. Please provide certification on pages following Parts II and III.

	PART II	
IN THE	COURT FOR	COUNTY
IN THE MATTER OF:)))	NO

ORDER OF CONFIRMATION OF PARENTAL CONSENT

This matter came to be heard on the	day of	, 20, before the Honorable
	, Judge of the	,
Court of	, County, Tennessee	e upon the adoption petition filed by
	(Prospective Adopti	ive Parent(s)) which contains a parental consent executed
pursuant to T. C. A. 36-1-117(g).		
The parent	(Nam	e of Parent Signing Petition) who signed the adoption
petition for the purpose of giving consent to the ac	doption of	(Name of Child) having
completed Part I of the Forms for Confirmation of	Parental Consent and t	the court being satisfied that he/she freely and voluntarily
consents to the adoption of	(/	Name of Child) by
(Name	e(s) of Prospective Adop	otive Parents),
IT IS, THEREFORE, ORDERED THAT:		
The parental consent of		(Name of Parent) in the Petition for Adoption filed in
the above-styled matter is confirmed by the court.		
2. The parental rights of		(Name of Parent Giving Consent) are, pursuant to
T. C. A. § 36-1-111(r), hereby forever terminated		
	C	HANCELLOR OR JUDGE
	CERTIFICATIO	<u>on</u>
I,	. Clerk of the	
Court for the Parental Consent Forms to be true and accura	County, Tennes	ssee, hereby certify the foregoing copies of Parts I and II of
	Clerk of the	Court of
		County, Tennessee.
		(Seal)
c	PART III CONTACT VETO REGIS T.C.A. § 36-1-111(
STATE OF		
Being duly sworn according to law affiant would st	/ tate:	

March, 2016 (Revised)

١.	l ar	n:	
	a.	Mother:	, or
	b.	Father:	
	C.	Legal Guardian:	of:
2.	a.	Child's Name:	
	b.	Child's Date of Birth:	
	C.	Child's Place of Birth:	
	d.	Child's Sex:	
	e.	Child's Race:	

- 3. a. I understand that contact with me may be requested by the child I am surrendering (adopted person) and by certain other classes of eligible persons who, as may be permitted by law, may have access to the sealed records, sealed adoption records or post adoption records and those records in any other information. Those eligible persons currently include the adopted person twenty-one (21) years of age or older or their legal representative, the adopted person's birth or adopted parents or step-parents, the birth or adopted siblings or lineal descendants twenty-one years of age or older of the adopted person, or their legal representatives. [T.C.A. § 36-1-127(c)]. The class of eligible persons may be revised periodically by changes to the law.
 - b. I understand that no contact, whether by personal contact, correspondence or otherwise shall be made in any manner whatsoever by those requesting persons or any agent or other person acting in concert with those requesting persons, with any person eligible to file a contact veto except as permitted by law. The sealed adoption record or post-adoption record requested by eligible persons shall be made available to the requesting party only after completion by the requesting party of a sworn statement agreeing that he or she shall not contact or attempt to contact, in any manner, by themselves or in concert with any other persons or entities, any of the persons eligible to file a contact veto until the Department has completed a search of the Contact Veto Registry to determine the willingness of the person sought to have contact with the requesting party. [T.C.A. §§ 36-1-127(f); 36-1-130 and 36-1-131]. The person making contact in violation of the law shall be guilty of a Class B misdemeanor [T.C.A. § 36-1-132]. I also understand that should I be contacted after filing a contact veto, I shall have a cause of action in the Circuit or Chancery Court for injunctive relief and damages, including both compensatory and punitive damages, and attorneys fees against any person who has contacted, attempted to contact, or caused me to be contacted [T.C.A. § 36-1-132].
- 4. I understand that contact with me by an eligible person is governed by filing my intentions with the Contact Veto Registry.
- 5. By filing with the execution of this surrender, I understand there is no fee for filing with the Contact Veto Registry. However, should I choose not to file a contact veto at this time, but wish to do so later, I understand I may do so, but will be required to pay the necessary fees [T.C.A. § 36-1-129(b)]. I understand that should there be a request for contact with me and I have vetoed contact with any eligible person, I will be contacted and informed by the Department of Children's Services to determine my desires for contact at that time and will be given the opportunity to vary or modify my request. [T.C.A. § 36-1-130(b)(1)].
- 6. I understand that I may vary this contact veto by indicating my desires for contact, if any, with the eligible persons and the means of contact I wish to have with particular eligible persons. [T.C.A. § 36-1-111(k)(3)(B); § 36-1-127-36-1-131]. In doing so, I understand I must write to the address below and request the necessary forms to complete and file with the Contact Veto Registry:

CONTACT VETO REGISTRY
POST ADOPTION SERVICES
TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES
436 6th Avenue North
NASHVILLE, TENNESSEE 37243-1290

7. a. PLEASE COMPLETE THE FOLLOWING SO THAT YOU MAY BE LOCATED IN THE FUTURE BY THE DEPARTMENT CONCERNING YOUR INTENTIONS REGARDING CONTACT:

THIS INFORMATION MUST BE UPDATED WITH THE DEPARTMENT TO INSURE THAT FUTURE CONTACT CAN BE MADE.

Name (Including Birth & Married Names))	(Street/Rural Route/P. O. Bo	x)
(Town/City)	(State)	(Zip Code)	
(Home Telephone No.)	(Work Telephone No	o.)	

b. Is this address an address the department may use to write to you concerning your wishes regarding contact. Yes □ No □ If no, please share address to be used:

		(Street/Rural Route/P.	(Street/Rural Route/P. O. Box)		(Town/City)	(State)		
		(Zip Code)	(Wor	k Telephone)		(Home Te	elephone)		
	c. Is this address an address a person requesting contact may use to write to you? Yes ☐ No ☐. If n address to be used:								
		(Street/Rural Route/P.	O. Box)		,	(Town/Cit	y) (State)		
		(Zip Code)	(Wor	k Telephone)		(Home Te	elephone)		
	d.		may the listed	d telephone num	nbers be sh	nared with eligible p	? persons requesting contact? d and used to contact you.		
		(Work Telephone No.)			(Home Tele	ephone No.)			
8.	a.						persons, who may, as may be permitted adoption record to have contact with me.		
	b.	lineal ancestors, and t records opened. You have to register a contract	he spouses may, howev act veto then	of those person ver, exclude per nselves or, upor	ns so that sons in the location b	they cannot be con ose classes from the oy the department, p	able to your siblings, lineal descendants, ntacted by a person eligible to have the his automatic coverage so that they will oursuant to a search request, will have to thether you wish to exclude any of these		
	C.	I wish to exclude from (1) My siblings: (2) My lineal descend (3) My lineal ancesto (4) The spouses of: (a) siblings (b) lineal descer (c) lineal ancest	Yes lants: Yes landants Yes landants Yes landants	ı:					
		Please complete the follo	owing for any	/ known individu	als:				
		Tiedde complete the folk	owing for any				A d dua		
		Name		Relations Surrendering		Street. RR,	Address P. O. Box, Town, State, Zip		
		-							
	d.	d. I wish to veto contact with: [T.C.A. § 36-1-128(c)] (1) Any future siblings of the adopted person. Yes □ No □. (2) A current spouse Yes □ No □ Name of current spouse (3) Future spouse of mine Yes □ No □ (4) Any of my lineal descendants Yes □ No □							
		Please complete the follo	owing for any	/ known individu	als:				
		Name		Relations Surrendering		Street, RR.	Address P. O. Box, Town, State, Zip		
					J	223	- ,,		

(Rule 0250-07-13-.11, continued) a. I give consent for the child I am surrendering (adopted person) and ALL other classes of eligible persons who, as may be permitted by law, to have access to the sealed records, sealed adoption records or post adoption record to have contact with me. b. I wish to limit consent to certain persons and only give consent for contact with the following classes of people: (1) The adopted person Yes □ No □ (2) The adopted person's adoptive parents
(3) The adopted person's adoptive siblings
(4) The adopted person's lineal descendants

Yes □ No □
Yes □ No □ (5) The legal representatives of any of these persons Yes ☐ No ☐ If contact is limited to the legal representative of certain classes of persons, please describe: 10. I wish the following types of contact by those persons requesting contact with me: (Please check all that apply and indicate any limitations or qualifications to these methods of contact) Telephone
___ Letters 🗖 Personal contact, unannounced 🗖 ___ Personal contact, prearranged with me ☐, either via phone ☐ or correspondence ☐ Personal contact through another person. Please give name, relationship to you, if any, and information to be released regarding how to contact: 11. Other information I wish to have released about me to any eligible persons (please identify to whom and the contents of the information to be provided) 12. Should you wish no contact with any other eligible persons but wish to share a statement of your feelings, or circumstances which impact your decision, please share that information here: 13. I hereby request that this information be filed with the Contact Veto Registry at the Post Adoption Services Unit of the Department of Children's services. FURTHER AFFIANT SAITH NOT. _ day of _____, 20____. This the ___ Biological ___ Legal ___ Mother _____ Signature: Biological ___ Legal ___ Father ____ Sworn to and subscribed to before me this ______ day of ______, 20____. Notary Public My commission expires _____

Please Prir			
	Chancellor	Circuit Judge County,	Tennessoo
	OI	County,	rennessee
Signature	Chancellor or Cir	rauit ludgo	
	Chancellor of Cil	cuit Juage	
	CERTIFICA	ATION	
I,	, Clerk of the	Court of	
ument executed before this Court.	opy of rail in or the rail of	ital consent i omis to be a tre	ic and accurate copy of the
	Clerk of	theCou	Court of
		000	y, 10111103366
			(Seal)
	PART I	V	
DEV	CATION OF BARENTAL	CONSENT BY A PARENT	
ng duly sworn according to law affiant v	would state:		
I am: a. Mother:		or	
a. Mother: b. Father:		, of	
a. Child's Name:			
b. Child's Date of Birth:			
c. Child's Place of Birth: d. Child's Sex:			
e. Child's Race:			
On(Date), I executed a parenta	al consent for the adoption of	the child named in #2 to
P	rospective Adoptive Paren	t(s)	_
The petition for adoption containing the			Court for
I hereby revoke and void the parental	•		
, , , , , , , , , , , , , , , , , , ,	consent to the adoption of	THE ADOVE-HAITIEU CIIIU.	
RTHER AFFIANT SAITH NOT.			
s theday of, 20			
nature: Biological Legal _ Biological Legal _	Mother Father		
, <u> </u>			
orn to and subscribed before me this _	day of	, 20	
This Revocation of Parental Consent	was received by me on the	e day of	, 20

Please Print:			
	Chancellor	Circuit Judge	
	of	County,	Tennessee
Signature (See notes below	w):		
·	Chancellor or Cir	cuit Judge	

NOTES TO COURT:

- 1. The revocation must be executed before the entry of the Order of Confirmation. T.C.A. § 36-1-112(a)(2).
- 2. The court receiving the revocation shall maintain the originals in the office of the clerk where the adoption petition is filed together with the original of the adoption petition containing the parental consent and shall personally give, or by certified mail, return receipt requested, send certified copies of the revocation to the child's parent(s) and to the prospective adoptive parents to whom the parental consent was given. See, T.C.A. § 36-1-112(c)(1).
- 3. A certified copy of the revocation shall be attached to a certified copy of the petition for adoption containing the parental consent, and the clerk shall send these, within three (3) days by certified mail, return receipt requested to:

Tennessee Department of Children's Services Central Office Adoption Services 436 6th Avenue North Nashville, TN 37243-1290

See, T.C.A. § 36-1-112(c)(2).

Please provide the certification on the page following this Revocation form.

CERTIFICATION

I,, County, a true and accurate copy of the Revocation of P	, , ,	Court of ppy of the Revocation of Parental Consent to is Court.	o be
	Clerk of the	Court of County, Tennessee	
		(Seal)	

Authority: T.C.A. §§ 4-5-201, et seq., 36-1-111, 36-1-112, 36-1-117(g), 36-1-125, 36-1-141, Public Chapter 532 (1995), and Executive Order #6, January 12, 1996. **Administrative History:** Original rule filed September 7, 2001; effective November 21, 2001.

0250-07-13-.12 CERTIFICATION OF SOCIAL COUNSELING FORM.

- (1) The following form is used for certification of the completion of any social counseling requested pursuant to T.C.A. §36-1-111(k)(2)(E) by the person who is surrendering the child for adoption, or who is executing a parental consent to unrelated persons, and must be filed with the surrender or parental consent before the surrender is executed before the court by the surrendering person, or before an order of guardianship is entered based upon any surrender, or parental consent to unrelated persons.
- (2) This information shall be confidential and shall only be disclosed as provided by T.C.A. § 36-1-101 et seq.
- (3) Form:

CERTIFICATION OF COMPLETION OF SOCIAL COUNSELING RELATED TO ADOPTION PLACEMENT DECISION BY PARENT(S)

TENNESSEE CODE ANNOTATED, § 36-1-111(/)(1)

If the person surrendering the child(ren) for adoption has requested that the prospective adoptive parent(s) provide social counseling with regard to the decision of that person to surrender the child for adoption, this certification form must be completed by the person who provided such counseling before the surrender is executed. See, T.C.A. § 36-1-111(1)(1). NOTE: This form may be modified for use outside the State of Tennessee as long as the information requested is provided in the modified form.

	ATE OF TENNESSEE OR (UNTY OF)				
Bei	ng duly sworn according to law, affiar	nt would state:				
1.	I am	, (Name of Person Providing Social Counseling).				
2.	I was employed by,counseling to surrendering person)	to provide counseling to (Name of person(s) employing counselor	to provide social (Name of person to			
	, , , ,	social issues surrounding the decision by this person to place				
	for adoption.	(Name(s) of the child(ren)				
	This is to certify that during the	ed with				
		(Name of Birth/Legal Mother)				
		(Name of Birth/Legal Father)				
		(Legal Guardian)				
	who is before the Court (),	Warden (), Officer () to surrender the child				
		for the purpose of adoption.				
	(Name of Child)					

Options/Decisions	Yes	No
To parent the child		
To place the child for the purpose of adoption		
Consequences of Decisions		
Exploration of Support Systems		
Family		
Friends		
Financial		
Employment/Education		
Child Support		
Public Assistance		
Birth Father/Mother Other (Identify)		
Grief/Loss Issues Related to Options for:		
Self		
Child		
Present Issues		
Future Issues		
Referral for further counseling		
Exploring Parenting Option		
Concept of Parenting		
Single Parenting		
Marriage Issues		
Present		
Future		
Financial/Employment/Child Support		

Medical Insurance	
Housing	
Education plan for self	
Child care	
Future life goals/plans	
Needs of the child	
Basic (food, clothing, housing)	
Special needs	
Physical safety	
Emotional Development	
Exploring Adoptive Placement	
Agency placement (DHS & private)	
Independent placement	
Plan of birth/legal mother or father	
Identification/information about birth parent, custodial	
person/guardian	
Background information	
Termination of parental rights	
Voluntary/involuntary	
Revocation of surrender	
Involvement in adoption process	
Selection of family	
Openness	
Meeting adoptive family	
Continued contact	
Direct placement/foster care placement	
Adoptive family preparation	
Agency selection of family	
Oral/physical presentation of child	
Pre-placement activity process	
Placement/post-placement services	
Finalization/court process	
Post legal adoption services	
Access of adoption records	
Contact veto registry	

SUMMARY OF COUNSELOR'S ASSESSMENT/RECOMMENDATION

This the day of, 20			
FURTHER, AFFIANT SAITH NOT.			
	Please Print:	to Su	ng Social Counseling rrendering Person
Name of Agency, if Appropria Address:			
Signature			
Sworn to and subscribed before me this day o	of	, 20	
My Commission Expires:			NOTARY PUBLIC

(If report is a separate document, please write "See attached" and attach report with this certification.)

`		,	,	
	The above	ve counseling iss	PARENT'S STATEME	NT e. As a result of the issues addressed during this process and in
wha	at I believe	to be the best in	erest of my child	(Birth/Legal Mother)
	(Birth/Le	gal Father)	, or (Legal Guardian)	have made the
follo			. (Please Describe Your Decisio	
TOTIC	wing plan	Tor my orma/ware	. (1 lease bescribe 1 our beelsie	ivi idij.
	Ple	ase Print:		
			(Name of Paren	t/Legal Guardian)
	Sig	nature of Parent	/Legal Guardian:	
	Dat	e:		
Pu	blic Cha	pter 532 (199		(k)(l)(1)(m) and (o), 36-1-117(g), 36-1-125, 36-1-141, 6, January 12, 1996. Administrative History: Original 1, 2001.
025	50-07-13	313 CERTII	FICATION OF LEGAL CO	UNSELING.
	(1)	pursuant to adoption or the surrender surrendering	T.C.A. § 36-1-111(k)(2)(who is executing a parent or parental consent bef	ion of the completion of any legal counseling requested (F) by the person who is surrendering the child for all consent to unrelated persons and must be filed with ore the surrender is executed before the court by the er of guardianship is entered based upon a surrender or s.
	(2)	This informa 1-101 et seq		and shall only be disclosed as provided by T.C.A. § 36-
	(3)	Form:		
		CE	TO ADOPTION PLACEMI	N OF LEGAL COUNSELING RELATED ENT DECISION BY PARENT(S) ITATED, § 36-1-111(I)(2) and (o)
ado or b	prospection, this pefore an	ve adoptive pare certification form Order of Guardia orm may be mod	nt(s) provide legal counseling was must be completed by the attornship is entered based upon a second control of the country o	executing a parental consent to unrelated persons, has requested that with regard to the decision of that person to surrender the child for the mey who provided such counseling before the surrender is executed surrender or parental consent. See, T.C.A. § 36-1-111(l)(2) and (o). Tennessee as long as the information requested is provided in the
		ENNESSEE OR ()	
Beir	ng duly sw	orn according to	aw, affiant would state:	
1.	I am licensed	to practice law in	, (Name on the State of Tennessee (or s	of attorney providing legal counseling to surrendering person). I am uch other State or Country as may be applicable. Please specify.)
			·	licensing registration number) is
2.	-			
۷.	counseli	ng to surrendering	g person) to provide legal advice	(Name of person(s) employing attorney to provide legal e to (Name of person to gal issues surrounding the decision by this person to place
	wnom l	egai advice wa:	s rendered) regarding the le (Name(gal issues surrounding the decision by this person to place s) of the child(ren) for adoption.

3.	(Name o	of person to whom legathey understand such	l advice was rendere	any questions posed by
This	the da	ay of	, 20	
FUF	RTHER A	FIANT SAITH NOT.		
			Pleas	Print:
				Attorney Providing Legal Counsel to Surrendering Person
			Addre	ss:
			Signa	ure:
Swo	orn to and	subscribed before me	this day of	, 20
				NOTARY PUBLIC
Μv	Commissi	on Expires:		
iviy	001111111331	οπ Εχριιο <u>σ.</u>		
		prospective adopparents and other to attorneys, for the child's placer	m contains informative parents with r persons related counseling for the nent with them, a	
	(3)	Form:		
		PAYMEI		DRM FOR USE IN PETITION FOR ADOPTION DE ANNOTATED, § 36-1-116(b)(16)
This	s form mu	st be filed with the ado	otion petition. <u>See,</u> T	C.A. § 36-1-116(b)(16).
11113		ENNESSEE		
STA				
STA	ng duly sw	orn according to law, a	ffiant(s) would state	
STA		G .	` '	(Name of Prospective Adoptive Mother) and
STA CO Bei		G .	(Name of	(Name of Prospective Adoptive Mother) and Prospective Adoptive Father), the petitioner(s) seeking the adoption of Child) pursuant to a potition for adoption filed in the
STA CO Bei	I am/We	G .	(Name of (Name of	(Name of Prospective Adoptive Mother) and Prospective Adoptive Father), the petitioner(s) seeking the adoption of Child) pursuant to a petition for adoption filed in the Court

a.	Med	lical or hospital expenses of birth mother and child.(Attach Additional Sheets If Necessary):
	(1) (2) (3)	Entities or Persons who received payments, contributions, fees, or other things of value; The specific amount of payments, contributions, fees, or value of things given; and, The specific purpose of payments, contributions, fees, or other things of value:
b.	<u>Othe</u> (1)	er birth related expenses (Attach Additional Sheets If Necessary): Entities or Persons who received payments, contributions, fees, or other things of value;
	(2) (3)	The specific amount of payments, contributions, fees, or value of things given; and, The specific purpose of payments, contributions, fees, or other things of value:
C.	Expo child (1) (2) (3)	enses paid to or on behalf of the child's parent(s) including, but not limited to, housing, food, maternity clothing, d's clothing, utilities, transportation (Attach Additional Sheets If Necessary): Entities or Persons who received payments, contributions, fees, or other things of value; The specific amount of payments, contributions, fees, or value of things given; and, The specific purpose of payments, contributions, fees, or other things of value:
d.	Fee	s or payments paid to any attorney at law and other costs of legal proceedings in connection with the birth, ement, or litigation for the adoption of this child (Attach Additional Sheets If Necessary): Entities or Persons who received payments, contributions, fees, or other things of value;
	(2)	The specific amount of payments, contributions, fees, or value of things given; and, The specific purpose of payments, contributions, fees, or other things of value:
e.		nseling paid for on behalf of the birth or prospective adoptive parent(s) or child (Attach Additional Sheets If essary):
	(1) (2) (3)	Entities or Persons who received payments, contributions, fees, or other things of value; The specific amount of payments, contributions, fees, or value of things given; and, The specific purpose of payments, contributions, fees, or other things of value:

March, 2016 (Revised)

Fees or payments paid to any licensed child-placing agency or licensed clinical social worker (Attach Additional Sheets If

Necessary):
(1) Entities or Persons who received payments, contributions, fees, or other things of value;

	(2) (3)	The specific amount of payments, contributions, fees, or value of things given; and, The specific purpose of payments, contributions, fees, or other things of value:	
			—
			_
			—
			_
g.	ador (1) (2)	other money, fees, contributions, or other remuneration or thing of value in connection with the birth, placement, or tion of this child, given or paid, to the child's parent(s) or family member(s) (Attach Additional Sheets If Necessary) Entities or Persons who received payments, contributions, fees, or other things of value; The specific amount of payments, contributions, fees, or value of things given; and, The specific purpose of payments, contributions, fees, or other things of value:	12
			_
			_
FURTHE	R AF	FIANT(S) SAITH NOT.	
This the ₋	d	ay of, 20	
		Please Print: Prospective Adoptive Mother	
		Signature:	
		Please Print: Prospective Adoptive Father	
		Signature:	
Sworn to	and s	ubscribed before me this day of, 20	
		NOTARY PUBLIC	
My Comr	nissic	n Expires:	

Authority: T.C.A. §§ 4-5-201, et seq., 36-1-116(b)(16), 36-1-125, 36-1-141, Public Chapter 532 (1995), and Executive Order #6, January 12, 1996. **Administrative History:** Original rule filed September 7, 2001; effective November 21, 2001.

0250-07-13-.15 ADOPTION CONSENT FORM FOR MINOR WHO IS FOURTEEN (14) YEARS OF AGE.

- (1) The following form is used to obtain the consent of a child who is fourteen (14) years of age or older to his or her adoption as required by T.C.A. § 36-1-117(i).
- (2) This information shall be confidential and shall only be disclosed as provided by T.CA. § 36-1-101 et seq.
- (3) Form:

STATE OF TENNESSEE

CONSENT TO ADOPTION BY MINOR WHO IS FOURTEEN (14) YEARS OF AGE OR OLDER TENNESSEE CODE ANNOTATED, § 36-1-117(i)

СО	UNTY OF						
Bei	ng duly sworn according to law, affi	ant would state:					
1.	I am, (Use the Name of Minor Child Prior to any Name Cha Requested in the Petition, Fourteen (14) years of age or older), Born (Date Of Birth).						ange
2.	I understand that	, (Name of Prospe	, (Name ctive Adoptive Fat	of Prospe ther) have file	ctive Adoptive ed a Petition to Ado	Mother), opt me.	and
3.	I understand that if the Court e						
	(Name of Prospective Adoptive Father), been born to them (him/her).						
4.	I understand that, while I remain under eighteen (18) years of age, my adoptive parent(s) will have the right to determine if should contact or visit with anyone in my birth family.					e if I	
5.	I understand that I will have the right to inherit property from my adoptive parent(s), and their (his/her) descendants will have the right to inherit property from me or my descendants but only for property I acquire after the adoption order is entered. After the order of adoption is entered, I will not inherit property from my birth family, nor will they inherit property from me after the order of adoption is entered. I may inherit from or through a parent whose rights were not terminated before his or her death.						
6.	No one has pressured me to agree to this adoption, and I believe that my adoption by, (Name of Prospective Adoptive Mother), and, (Name of Prospective Adoptive Father), is in my best interests. I wish for the adoption to take place.						
7.	I freely and voluntarily, without pro	essure from anyone, conse	nt to this adoption.				
Thi	s the day of, 20	<u> </u>					
FU	RTHER AFFIANT SAITH NOT						
		Please Print:Nam	e of Minor Child		_		
		Signature:					
		Sworn to and subscribed	before me this	_ day of	, 20		
			ellor Circuit J _ Court for lessee.		_		
		Signature:			_		

Authority: T.C.A. §§ 4-5-201, et seq., 36-1-117(i), 36-1-125, 36-1-141, Public Chapter 532 (1995), and Executive Order #6, January 12, 1996. Administrative History: Original rule filed September 7, 2001; effective November 21, 2001. Amendment filed March 10, 2005; effective July 29, 2005.

0250-07-13-.16 ADOPTION CONSENT FORM FOR USE BY GUARDIAN AD LITEM FOR MINOR WHO IS FOURTEEN (14) YEARS OF AGE AND WHO IS MENTALLY DISABLED.

(1) The following form is used to obtain the consent of a guardian ad litem of a mentally disabled child who is fourteen (14) years of age or older for the adoption of that child as required by T.C.A § 36-1-117(i).

- (2) This information shall be confidential and shall only be disclosed as provided by T.CA. § 36-1-101 et seq.
- (3) Form:

CONSENT BY GUARDIAN AD LITEM TO ADOPTION OF MENTALLY DISABLED MINOR WHO IS FOURTEEN (14) YEARS OR OLDER TENNESSEE CODE ANNOTATED, § 36-1-117(i)

_	ATE OF TENNESSEE UNTY OF				
Bei	ing duly sworn according to law, affiant would state:				
1.	I am,, Guardian Ad Litem for the minor child,, who is fourteen (14) years of age or older and is mentally disabled.				
2.	I have been appointed by this Court to represent the best interests of this child in the petition for his/her adoption by, (Name of Prospective Adoptive Mother), and, (Name of Prospective Adoptive Father). * See Note Below				
3.	I have investigated the circumstances of the proposed adoption, and have attached hereto my written report giving the basis for my decision to give or withhold consent to the adoption of this child by the petitioners.				
4.	Based upon my investigation and report, I □ give consent/□ withhold consent to the adoption of, (Name of Child) by the petitioners.				
Thi	is the day of, 20				
FU	RTHER AFFIANT SAITH NOT.				
	Please Print:(Name of Guardian Ad Litem) Address:				
	Signature:				
Sw	forn to and subscribed before me this the day of, 20				
	NOTARY PUBLIC				
Му	Commission Expires:				

NOTE TO THE COURT:

A guardian ad litem must be appointed by the court to represent the child before this Consent is received, and must be present at the time the Consent is received by the Court. The consent shall be filed with the record of this case. The consent must be recited in the order of adoption T.C.A. § 36-1-117(i).

Authority: T.C.A. §§ 4-5-201, et seq., 36-1-117(i), 36-1-125, 36-1-141, Public Chapter 532 (1995), and Executive Order #6, January 12, 1996. **Administrative History:** Original rule filed September 7, 2001; effective November 21, 2001. Amendment filed March 10, 2005; effective July 29, 2005.

0250-07-13-.17 ADOPTION CONSENT FORM FOR USE BY GUARDIAN AD LITEM, GUARDIAN OR CONSERVATOR FOR ADULT WHO IS BEING ADOPTED AND WHO IS MENTALLY DISABLED.

(1) The following form is used to obtain the consent of a guardian ad litem or guardian or conservator to the adoption of a mentally disabled adult as required by T.C.A § 36-1-117(j).

- (2) This information shall be confidential and shall only be disclosed as provided by T.CA. § 36-1-101 et seq.
- (3) Form:

CONSENT BY GUARDIAN AD LITEM, GUARDIAN OR CONSERVATOR TO ADOPTION OF MENTALLY DISABLED ADULT TENNESSEE CODE ANNOTATED, § 36-1-117(j)

_	ATE OF TENNESSEE UNTY OF					
	Being duly sworn according to law, affiant would state:					
1.	I am,, Guardian Ad Litem, Guardian or Conservator for,, an adult who is mentally disabled.					
2.	(Guardian Ad Litem only) I have been appointed by this Court to represent the best interests of this disabled adult in the petition for his/her adoption by, (Name of Prospective Adoptive Mother), at, (Name of Prospective Adoptive Father).					
3.	(Guardian Ad Litem only) I have investigated the circumstances of the proposed adoption, and have attached hereto my written report giving the basis for my decision to give or withhold consent to the adoption of this disabled adult by the petitioners.					
4.	(Guardian Ad Litem only) Based upon my investigation and report, I ☐ give consent/☐ withhold consent to the adoption of, (Name of Disabled Adult) by the petitioners.					
5.	As Guardian or Conservator, I □ give consent/□ withhold consent to the adoption of, (Name of Disabled Adult) by the petitioners.					
Thi	s the day of, 20					
FU	RTHER AFFIANT SAITH NOT.					
	Please Print:(Name of Guardian Ad Litem,					
	(Name of Guardian Ad Litem, Guardian or Conservator) Address:					
	Signature:					
Sw	orn to and subscribed before me this the day of, 20					
	NOTARY PUBLIC					
Му	Commission Expires:					

Authority: T.C.A. §§ 4-5-201, et seq., 36-1-117(j), 36-1-125, 36-1-141, Public Chapter 532 (1995), and Executive Order #6, January 12, 1996. Administrative History: Original rule filed September 7, 2001; effective November 21, 2001.

0250-07-13-.18 FEE DISCLOSURE FORM FOR AGENCY OR LICENSED CLINICAL SOCIAL WORKER.

- (1) The following form is to be used by a licensed child-placing agency or a licensed clinical social worker to disclose, as required by T.C.A. § 36-1-120(b), the fees charged to the prospective adoptive parents, and must be filed with the proposed order of adoption prior to the entry of the order by the Court.
- (2) This information shall be confidential and shall only be disclosed as provided by T.CA. § 36-1-101 et seq.
- (3) Form:

LICENSED CHILD-PLACING AGENCY OR LICENSED CLINICAL SOCIAL WORKER FEE DISCLOSURE STATEMENT TENNESSEE CODE ANNOTATED, § 36-1-120(b)

This affidavit must be filed by the licensed child-placing agency or the licensed clinical social worker with the proposed adoption order prior to entry of the order by the Court. See, T.C.A. 36-1-120(b).

STATE OF TENNESSEE COUNTY OF							
Beiı	ng dul	ly sworn according to law, affiant would state:					
1.	I am, an authorized representative of, (Name of Licensed Child-Placing Agency) [or], (Name of Licensed Clinical Social Worker).						
2.	Муа	My agency [or I] has [have] charged					
	(Nar	(Names of Prospective Adoptive Parent(s) the following fees or other charges involving the placement of the child (ren):					
	a. b.	(Names of Child (ren) State first the service(s) rendered in the placement of the child (ren) with the petitioner(s) immediately followed by The fees charged petitioner(s) for each specific service. (Attach additional Sheets if Necessary):					
3.	My a	agency [or I] has [have] charged					
		ptive parent(s): State first the service(s) rendered in conducting home studies of the petitioner(s) immediately followed by The fees charged petitioner(s) for each specific service. (Attach additional Sheets if Necessary):					
4.	Mv a	agency [or I] has [have] charged					
•	(Ńar	mes of Prospective Adoptive Parent(s) the following fees or other charges involving supervision of the placement of the					
	child a.	d (ren) in the home of the prospective adoptive parent(s): State first the service(s) rendered in conducting supervision of the child's (children's') placement in the home of the					
	b.	petitioner(s) immediately followed by The fees charged petitioner(s) for each specific service. (Attach additional Sheets if Necessary):					

Thie t	the d	ay of	20			
		FFIANT SAITH N				
				Please Print	: :	
					Authorized Representative of Licensed Child-Placing Agency/ or Licensed Clinical Social Worker	
				Address:		
				Signature:		
Swor	n to and	subscribed befo	re me this day	of	, 20	
					NOTA DV DUDUO	
					NOTARY PUBLIC	
My C	ommissi	ion Expires:		_		
Exe	cutive		nuary 12, 1996		b), 36-1-125, 36-1-141, Public C trative History: Original rule fi	
0250	0-07-13	319 FEE D	ISCLOSURE F	ORM FOR	ATTORNEY.	
	(1)	the fees ch	arged to the p	rospective	torney to disclose, as required be adoptive parents, and must be order by the Court.	
	(2)	This information 101 et seq.	ation shall be c	onfidential a	and shall only be disclosed as pr	ovided by T.CA. § 36-1-
	(3)	Form:				
					DISCLOSURE AFFIDAVIT ANNOTATED, § 36-1-120(b)	
		must be filed by <u>See,</u> T.C.A. § 36		senting the pet	itioners with the proposed adoption orde	er prior to entry of the order
	E OF TI	ENNESSEE				
Being	g duly sw	vorn according to	law, affiant would	state:		
1.	I	am			, attorney _ (Names of Prospective Adoptive	for petitioners
	proceed	ing styled: Cou				
	(Name(s				ed the entry of an order of adoption purs	

2.		ered for the placement of the child (ren)	sons who are employed, contracted by, or associated with me for services with the Petitioner(s). (Attach additional sheets if necessary): placement of the child (ren) with the petitioner(s) immediately followed by			
	a. b.	The specific fees charged petitioner(s)			s) immediately followed by	
3.		following are fees charged by me or pe lered to Petitioner(s)in the adoption proc	eedings involvir	ng the child(ren): (Attach addition	nal sheets if necessary):	
	a.	State first the legal service(s) rende	red in the pro	ceedings for the adoption of t	he child(ren) by the petitioner(s)	
	b.	immediately followed by The specific fees charged petitioner(s)	for each service	:		
4.	The	following are fees paid by me or persor	as who are omn	avad contracted by ar appoint	tod with me to any other person or	
4.		y for services rendered in securing the i				
	to se	ecuring any home studies or surrender of	f the child(ren):		-	
	a. b.	State first the services rendered by placement, or for securing a home stud. The specific amount of the fees paid fo	ly or surrender of	of the child(ren) followed immedia		
Ini	s the _	day of, 20				
FU	RTHE	R AFFIANT SAITH NOT.				
			Please Print:	Attaman (an Dathian anda)		
			Address: _	Attorney for Petitioner(s)		
			_			
			Signature:		_	
Sw	orn to	and subscribed before me this day	of	, 20		
				NOTARY PUBL	IC	
Му	Comn	nission Expires:	_			

Authority: T.C.A. §§ 4-5-201, et seq., 36-1-120(b), 36-1-125, 36-1-141, Public Chapter 532 (1995), and Executive Order #6, January 12, 1996. **Administrative History:** Original rule filed September 7, 2001; effective November 21, 2001.

0250-07-13-.20 RELEASE OF INFORMATION FORM FOR UPDATED MEDICAL INFORMATION.

(1) The following form is used when a request for medical information is made by an adopted person or by a biological or legal relative or the legal representative of the adopted person and they have provided written evidence from a licensed health care professional or a licensed health care facility of a medically established need for additional or updated medical

information pursuant to T.C.A. § 36-1-135, and the Department of Children's Services in these matters, is contacting the persons who have access or who may have access to those records.

- (2) This information shall be confidential and shall only be disclosed as provided by T.CA. § 36-1-101 et seq.
- (3) Form:

RELEASE OF INFORMATION FOR UPDATED MEDICAL INFORMATION TENNESSEE CODE ANNOTATED, § 36-1-135(c)

This Release of Information should be used when a request for medical information has been made by an adopted person or by a biological or legal relative or the legal representative of the adopted person and they have provided written evidence from a licensed health care professional or a licensed health care facility of a medically established need for additional or updated medical information about an adopted person, or their biological or legal relatives and the Department of Children's Services is contacting the persons who have access to or have or may have knowledge of such information. See, T.C.A. 36-1-135. ____, (Name of Person Executing the Release) have been told by the Tennessee Department of Children's Services that a person eligible to request updated medical, psychological, or psychiatric information has requested additional or updated medical, psychological, or psychiatric information to which I may have access or of which I may have knowledge. I understand that if I have authority to release such information, that such release is entirely voluntary on my part. I hereby release the following specific information to the Tennessee Department of Children's Services and its authorized agents to provide such information about me to the treating professionals or health care facilities for the purpose of assisting with the medical, psychological, or psychiatric care of the requesting party (Attach Additional Sheets if Necessary): Names and addresses of Treating Professionals or Health Care Facilities from Whom the Information May Be Released Pursuant to My Approval (Attach Additional Names if Necessary): b. c. d. e. Other than the specific information given above, I wish to share other medical information about me and/or other relatives: (If information is given about other relatives, please specify their relationship to you.) This Release Shall Expire in four (4) months from date of my signature unless otherwise stated here _ Thereafter a new release must be executed for further release of additional or updated medical information. This the ____ day of _____, 20____ Name of Person Signing Release Signature: __

Authority: T.C.A. §§ 4-5-201, et seq., 36-1-135, 36-1-125 and, 36-1-141, Public Chapter 532 (1995), and Executive Order #6, January 12, 1996. Administrative History: Original rule filed September 7, 2001; effective November 21, 2001.

0250-07-13-.21 CONSENT BY A LICENSED CHILD-PLACING AGENCY OR BY THE TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES FOR ADOPTION OF A CHILD

- (1) The following form is to be used by a licensed child-placing agency, the Tennessee Department of Children's Services or an agency such as another state or federal agency to give consent to the adoption of a child by the prospective adoptive parent(s) to the extent that the agency or Department has either full or partial guardianship based upon a surrender, or other relinquishment of parental rights, or by a termination of those rights by involuntary court action.
- (2) Form:

CONSENT BY A LICENSED CHILD-PLACING AGENCY OR BY THE TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES FOR ADOPTION OF A CHILD T.C.A. §§ 36-1-116(b)(11) and 117 (h)

	ATE OF) UNTY OF)						
Firs	st being duly sworn according to law, affiant would state	e:					
1.	I am,, Executive Head of(A licensed child-placing agency); or an authorized representative of the						
	Tennessee Department of Children's Services: or an authorized representative of						
	adoption, (l	, a state or federal agency with the right to place the child for egal Name of Child) D.O.B					
2.		uardianship of the child by a surrender or relinquishment of rights by one nation of the parental or guardianship rights of one or both parents or					
3.	I am authorized by my agency to give consent to the adoption of this child by:						
	Prospective Adoptive Mother						
	Prospective	Adoptive Father					
	On behalf of my agency, and to the extent of my age above prospective adoptive parent(s). sday of, 20 RTHER AFFIANT SAITH NOT.	ency's full or partial guardianship of: (Child's Name), I give consent to the adoption of this child by the					
	Print Name:	Name of Person Authorized to Give Consent					
		Title					
	Signature:						
Swo	orn to and subscribed before me this day of	, 20					
		NOTARY PUBLIC					
Му	Commission Expires:						

Authority: T.C.A. §§ 4-5-201, et seq., 36-1-116(b)(11), 36-1-117(h), 36-1-141, Public Chapter 532 (1995), and Executive Order #6, January 12, 1996. **Administrative History:** Original rule filed September 7, 2001; effective November 21, 2001.